

Polk County Health Services

Case Management

Outcome Evaluation

August 2011

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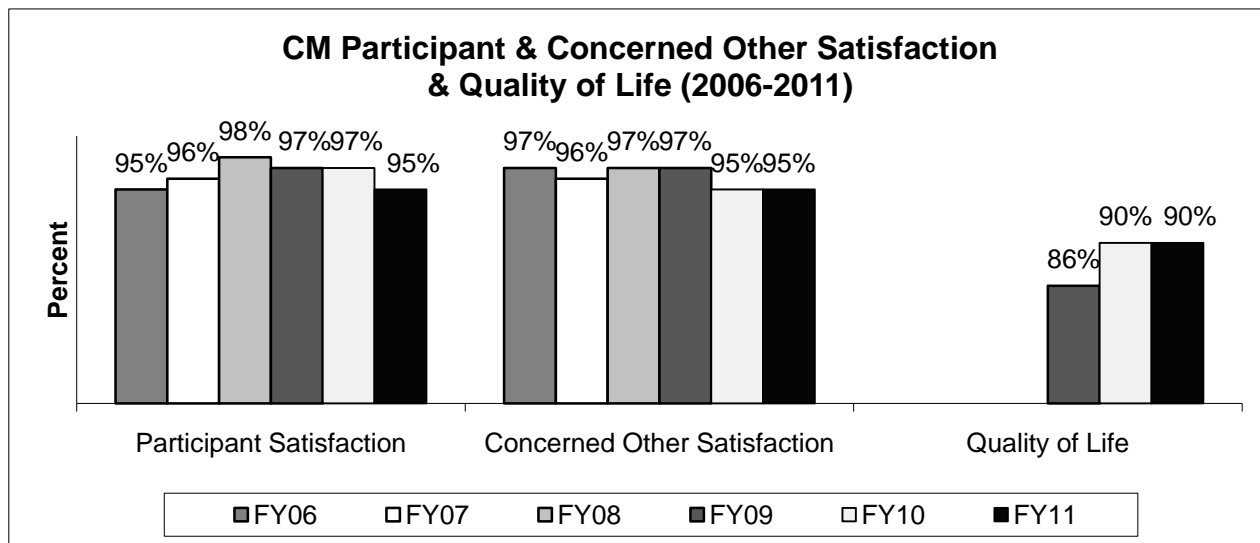
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CASE MANAGEMENT PROGRAM EVALUATION SUMMARY

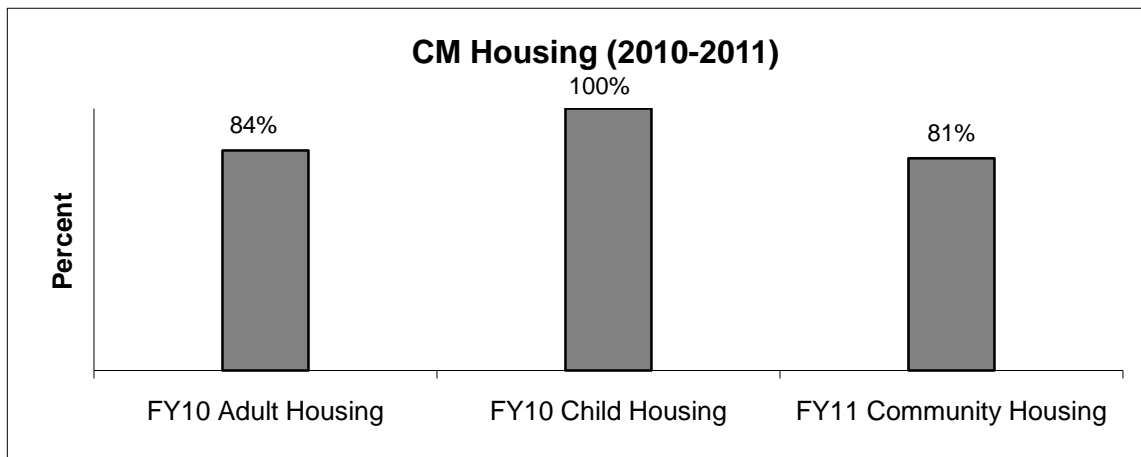
The Case Management Program consists of six case management agencies. This year, four of the six case management agencies met or exceeded expectations in their overall performance. Thus, the case management system met expectations with a program average of 82%. The program exceeded expectations in the areas of Community Housing, Homelessness, Education Transition, Participant Satisfaction, Empowerment, Family and Concerned Other Satisfaction, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Areas. The program met expectations for Involvement in the Criminal Justice System, Employment-Total Working Toward Self-Sufficiency, Adult Education, Participant Empowerment, Somatic Care, and Negative Disenrollment outcomes. The program was challenged by the Employment-Working at Self-Sufficiency, Case Management Involvement in Child Education, and Community Inclusion outcomes.

The Case Management system continues to maintain high participant and concerned other satisfaction and reported quality of life. In their comments, participants and concerned others appreciated the services they receive and the relationships they have built with case managers. They report that their case managers are resourceful and respectful, working to find them the necessary resources and supports that they need to live in the community. Since entering the program, they feel that they are in more control of their lives, better able to deal with crises and problems, and have better relationships with family. Many participants reported still struggling with social situations and relationships. In interviews, participants and concerned others expressed the need for more assistance in finding employment for participants.

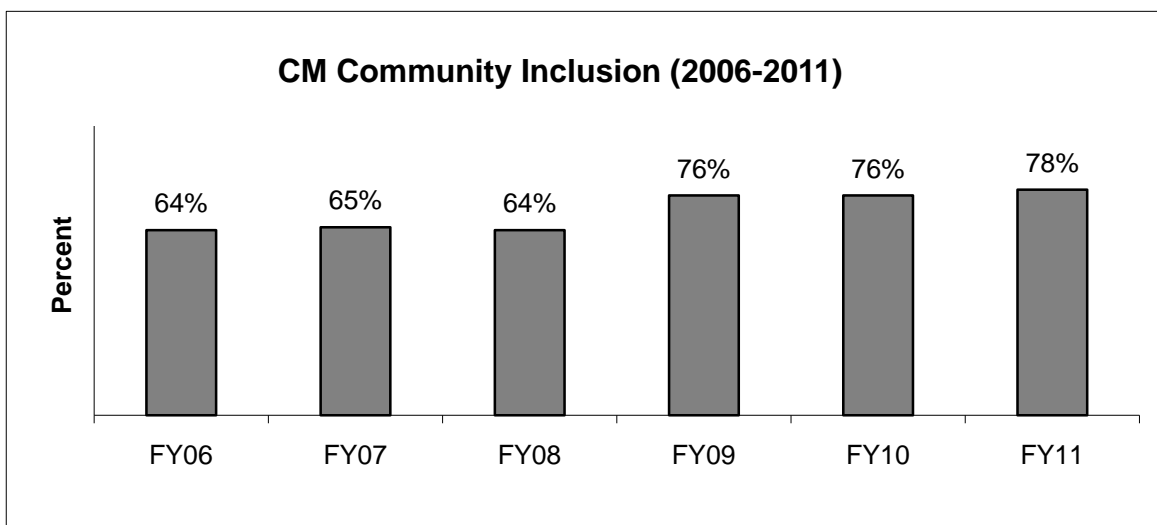


Participants and family members have reason to be satisfied with the system. Eight of every 10 participants were living in community housing, and participants spent fewer nights homeless. More adults were involved in education and teenagers were involved in transition activities. Three of every four participants were engaged in community inclusion activities. Negative disenrollments remained relatively infrequent. Agencies reported that fewer participants visited the emergency room for psychiatric care, participants had fewer jail days and fewer psychiatric hospitalizations. Agencies continue to be diligent in completing administrative outcomes.

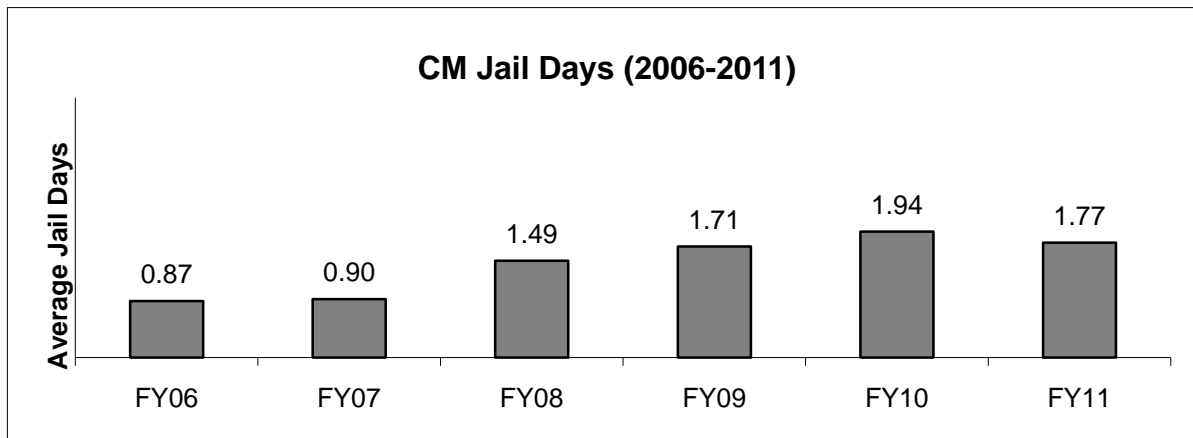
Over the past several years, the case management system has been successful in supporting individuals to live independently in the community. This year, the previous Independent Housing for adults and Child Housing outcomes were replaced with Community Housing, applied to both adults and children. The system was quite successful in ensuring that participants were in housing that met safety, affordability, accessibility and acceptability standards. A few agencies were challenged to meet documentation expectations for the new outcome. Those issues should be resolved for FY12.



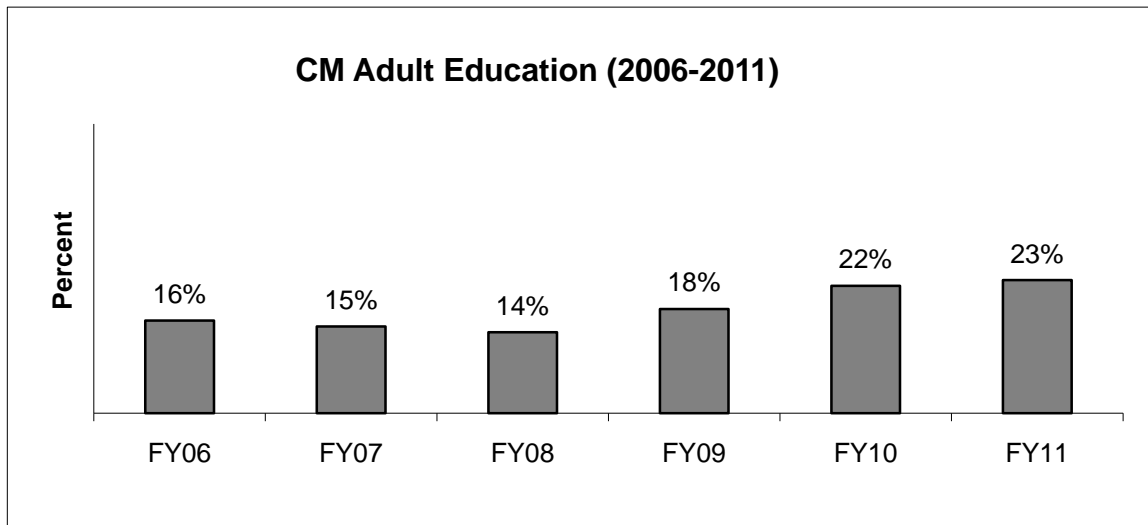
Although still a challenging area, community inclusion has shown gradual increases over the past several years. File reviews suggest that participants are involved in a wide variety of community activities, including attending religious services, attending community events, visiting local attractions or sporting events, or volunteering in the community. Participating with other community members builds a sense of belonging, provides opportunities to form friendships, and may lead to employment opportunities.



In contrast to the past four years, the case management system reported a decline in average jail days per participant this year. Although rates are still higher than in FY06 through FY09, the downward trend is encouraging. Agencies report that they work closely with the jail diversion program.



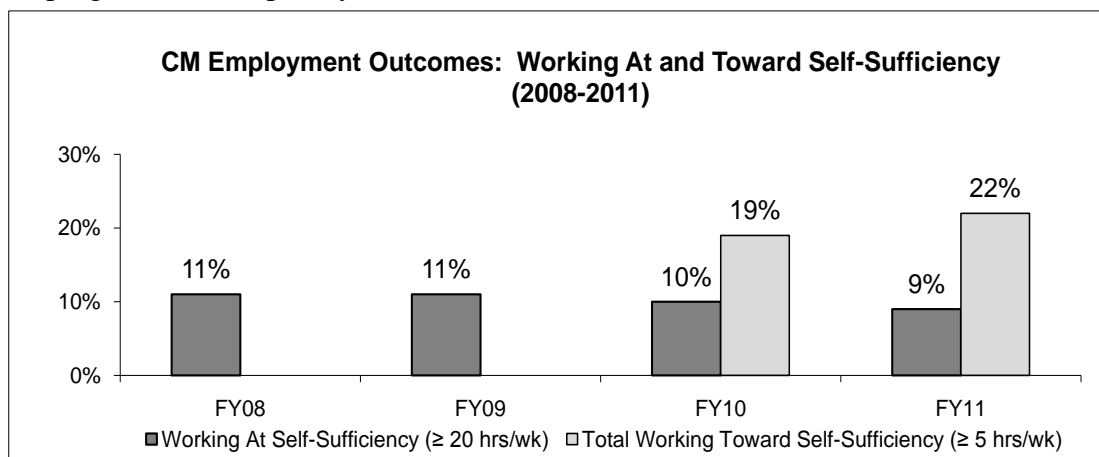
The CM system has demonstrated a gradual increase in the number of participants involved in employment-related, adult education opportunities. Participants who build or maintain employment skills should be better positioned to obtain or maintain employment opportunities.



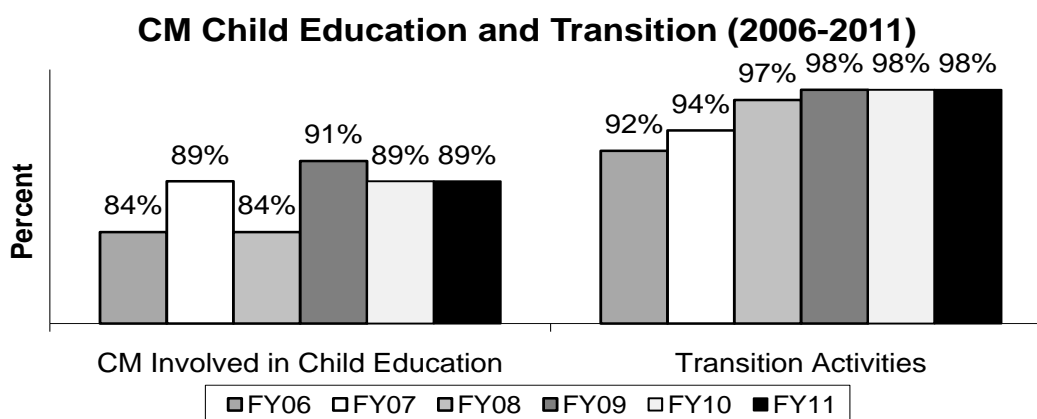
Employment at self-sufficiency (e.g., working 20 or more hours per week, earning at least minimum wage) has remained stable for the past several years. About one of every 10 program participants are working at least 20 hours per week and earning minimum wage, and an additional individual for every ten is working at least 5 hours per week and earning minimum wage.

Unemployment rates are still relatively high in the Des Moines area. As of May 2011, the Bureau of Labor Statistics (BLS) estimated that the Des Moines Metropolitan area unemployment rate was 5.8%, not remarkably different from a year ago when the Des Moines area rate was 6.1%. Nationally, employment of people with disabilities has shown a decrease, along with rising unemployment rates. In June 2011, only one of every five persons with disabilities across the nation was employed, compared to seven of every 10 persons without disabilities. Although BLS reported that individuals without disabilities experienced a decline in unemployment from 9.4% in June 2010 to 9.0% in June 2011, BLS reported that individuals with disabilities experienced an increase in unemployment from 14.4% to 16.9% from June 2010 to June 2011. With state and

federal budget deficits, it is essential that participants increase opportunities for employment through education and training, as well as provide at least some of their own incomes. The case management system and the supported employment providers need to work closely together to showcase participants' talents, capitalize on their interests, and inspire them to find employment. When necessary, participants should access benefits planners to help them understand the benefits programs and dispel myths.



Another challenging area continues to be involvement of case managers in child education. Agencies that work with youth have continued engaging teenagers in transition activities, showing a slow and steady improvement in this outcome area. Involvement in these activities is key to making a smooth transition for youth, ensuring that services and supports are in place when they become adults and that they are suitably prepared to live and function as independently as possible. Despite gains in transition involvement, the system has struggled with ensuring that case managers are involved in child education by attending IEPs and other school meetings. File reviews indicate that many case managers are visiting child participants at school, introducing themselves to school staff and making sure that the schools are aware of the services and assistance that the programs can provide.



Overall, the Case Management Program performed well this year. The system remained relatively stable. The program continues to demonstrate commitment to enhancing the lives of people with mental health issues, intellectual disabilities, and developmental disabilities.

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INTRODUCTION

This report covers program activities from 7-1-2010 to 6-30-2011

This is a report on the findings of the evaluation of case management services for participants with mental illness (CMI), intellectual disabilities (ID), and developmental disabilities (DD). There are six case management agencies evaluated by the population and age groups served.

Agency	Populations Served		
	ID/DD Children	ID/DD Adults	CMI Adults
Broadlawns Medical Center (BMC)			X
ChildServe	X	X	
Community Support Advocates (CSA)	X	X	X
Easter Seals	X	X	X
Golden Circle Behavioral Health (GCBH)		X	X
Link Associates	X	X	

Background Information: This year marks the 12th year that case management agencies have reported individuals' data regarding each outcome measurement area. This is LHPDC's eighth year evaluating outcome areas. Helen Schartz and LeeAnn McCoy conducted file reviews. The University of Iowa's Iowa Social Science Research Center conducted interviews.

Changes in Evaluation Procedures:

The Adult Housing and Child Housing outcomes were replaced with a single, new Community Housing outcome measure. Last year's Employment – Working Toward Self-Sufficiency outcome measure was replaced with a new Employment – Total Working Toward Self-Sufficiency outcome measure. Targets for community inclusion were increased.

Procedures: The following outlines procedures for the 2011 evaluation. Information was obtained from four sources:

- **Meetings with program supervisors and staff members**
- **File reviews**
- **Interviews with participants and family members**
- **Analysis of data submitted to Polk County Health Services (PCHS)**

Meetings. LHPDC staff met with PCHS staff and agency directors in October to review changes in the evaluation process and receive an update on changes in the respective programs. LHPDC staff spoke with agency directors in April 2010 at the time of the annual file review. Phone consultations were conducted with each of the agency directors in August to review the outcomes to date with each agency and receive their insight on agency performance for the year. Finally, exit interviews were held with PCHS and agency staff in September to review the complete report.

File Reviews. The evaluators randomly selected a ten percent sample of the active files of each agency at the time of sampling for file review (199 total). The File Review Form (Appendix A) was used to monitor documentation. The evaluators expect consistency between what is reported in the electronic system and what is contained in the files in order to dispel any concerns regarding the reliability of the information. The Participant Empowerment outcome is based solely on the file review. Agreement between what is documented in the file and what is recorded into the electronic system (PolkMIS) is expected to be at least 93% agreement for all other outcome areas. If an outcome area's consistency percentage is less than 93%, then the actual consistency percent is multiplied by what the agency reported to yield an adjusted outcome score. For the Case Management evaluation, Community Housing, Somatic Care, Psychiatric Hospitalizations and Employment were the outcome areas adjusted per the file review. Information from the file review analysis is reported in Appendix E.

Participant Interviews. The evaluators interviewed ten percent of program participants at the time of sampling from each of the agencies (168 total) as part of the evaluation process. ChildServe program participants were not interviewed because the vast majority are minors. Interviews were conducted either by phone, at the host service coordination agency, or on occasion, in the homes of the individuals. The Participant Satisfaction and Quality of Life interview questions are included as Appendix B of the report.

Concerned Others Interviews. The evaluators interviewed ten percent of family members or concerned others of program participants at the time of sampling (198 total) as part of the evaluation process. These family members or concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted either in person or by phone. The interview questions for Family and Concerned Other Satisfaction are contained in Appendix C of the report.

Data Analysis. The evaluator was provided with all the data that each of the programs submitted monthly to PCHS.

OUTCOMES

In this section of the report each of the outcomes will be presented and defined. The outcome criteria will be provided along with each program's reported data. There will also be a short discussion of many of the outcomes based upon meetings with program staff, file reviews, and participant and family member interviews.

COMMUNITY HOUSING

Outcome: Individuals with disabilities will live successfully within the community in safe, affordable, accessible, and acceptable housing.

PCHS recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible and acceptable housing. The intent of this outcome is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety

expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community. To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible and acceptable.

A living environment meets safety expectations if all of the following are met [or if an intervention is addressed in the individual's plan/action to resolve the situation has been taken]: (a) the living environment is free of any kind of abuse (emotional, physical, verbal, sexual, and domestic violence) and neglect, (b) the living environment has safety equipment (smoke detectors or fire extinguishers), (c) the living environment is kept free of health risks, (d) there is no evidence of illegal activity (selling/using drugs, prostitution) in the individual's own apartment or living environment, and (e) the individual knows what to do in case of an emergency (fire, illness, injury, severe weather) [or has 24-hour support/equivalent].

A living environment meets affordability expectations if no more than 40% of the individual's income is spent on housing (i.e., cost of rent and utilities), or the individual receives a rent subsidy.

A living environment meets accessibility expectations [or has 24-hour equivalent] if (a) the living environment allows for freedom of movement, the living environment supports communication (i.e. TDD if needed), and the living environment supports community involvement (i.e. being able to reach job and frequently accessed community locations without use of paratransit/cabs).

A living environment meets acceptability expectations if the individual (rather than guardian) chooses where to live and with whom. There may be a number of parameters (i.e. past decisions, earned income) which may limit individuals' choices, but the environment should be acceptable at the point in time when choices are presented. Individuals with guardians should participate and give input into their living environment to the greatest extent possible. Individuals living in Intermediate Care Facilities (ICFs/MR) are exempt from meeting the affordability criteria. Individuals under 18 are exempted from the affordability and acceptability criteria.

Goal	Rating	Points
80% – 100%	Exceeds Expectations	4
70% – 79%	Meets Expectations	3
60% – 69%	Needs Improvement	2
Below 60%	Does Not Meet Minimum Expectations	1

Adult Housing 2010

Organization	Reported 2010	Score 2010
BMC	83%	4
ChildServe	84%	4
CSA	87%	4
Easter Seals	82%	4
Golden Circle	84%	4
Link	86%	4

System Average	84%	4
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Note: BMC is the only organization not serving persons with MR/DD.

Children with Mental Retardation/Developmental Disabilities – Housing 2010

Organization	Reported 2010	Score 2010
BMC	NA	NA
ChildServe	100%	4
CSA	97%	4
Easter Seals	100%	4
Golden Circle	NA	NA
Link	100%	4
System Average	100%	4

Note: BMC and Golden Circle do not serve children.

Community Housing 2011

Organization	Reported 2011	Adjusted Per File Review	Score 2011
BMC	80%		4
ChildServe	96%		4
CSA	78%		3
Easter Seals	86%		4
Golden Circle	83%	71%	3
Link	65%		2
System Average	81%		4

Note: BMC is the only organization not serving persons with MR/DD.

General Comments: The new Community Housing outcome is a strength of the case management program. The system average remains in the Exceeds Expectations range. Five of the six agencies met or exceeded expectations.

BMC: BMC's program performed very well under the new outcome with 80% of participants in community housing, exceeding expectations. Many participants reported that their housing has improved with the help of their case managers. Some participants were homeless when they entered the program. Many mentioned that the case managers assisted them in applying for rent assistance. Several participants were grateful that they were able to move into their own apartments. One participant wanted more assistance in obtaining housing subsidy and getting an apartment.

I was homeless when I met her and now I have an apartment.

He has helped me out with my problems. I was homeless before I started. He helped me out.

I moved from one group home to the halfway place.

They put me on the list for low-rent housing.

[Case Manager] has been looking for assisted living for me with some handicapped-accessible apartments. Before [her], I didn't have a lock on my door and she hung with me until we got a lock on my door.

She has helped me find a good environment to live in.

I am trying to get an apartment and [Case Manager] is not helping at all ... Find somebody to get my Section 8 back.

She got me rental assistance. She helps me get my rent paid when Social Security messed up. She helped me with all of the paperwork for rental assistance. She was worried and concerned and knew that I needed to get out of the situation I was in and get another place.

I am trying to live on my own and I am working on getting out of this place and getting a better apartment.

It has been better not living with my mother. Now I live by myself.

ChildServe: ChildServe performed very well under the new Community Housing outcome, earning an Exceeds Expectations rating. The vast majority of people served by ChildServe are minors. A small number of their participants have reached adulthood. The agency reports that most of their adult participants are living at home while completing high school. Information about housing satisfaction, however, is part of the participant interviews. Because so few of ChildServe's participants are adults, ChildServe participants are not interviewed.

CSA: CSA's case management program performed well under the new Community Housing outcome, earning a Meets Expectations rating. Most participants were satisfied with their housing, although some were looking for better housing with the help of their case managers.

She is trying to get me into an apartment, and in the past she has helped me apply for things in housing.

I used to live in a group home. When I did good there they put me in an apartment.

I want to move. They raised my rent on me. But I can't [move] because of my record. Somewhere better would not approve me.

[I am] not feeling very good about where I live. These apartments have been broken into twice now. I want to move.

Easter Seals: The Easter Seals program performed very well under the new Community Housing outcome. In interviews, Easter Seals participants described various housing situations.

Several participants mentioned that they were looking forward to moving into independent housing one day.

I live with my mom.

We need more bathrooms and bigger bedrooms in this house. It is too small for us. We should get to a bigger one and one of the staff in here is taking care of us and so sometimes there are five people here.

It has been less stressful at home. I am still living with my family, but nothing too big. I am just waiting for the perfect time to go.

I would like to move out someday and she supports it and my brother does too.

I love where I live.

I would like to get a house of my own.

Golden Circle: Although Golden Circle's case management program performed well under the new Community Housing outcome area, it was challenged to meet the documentation requirements. Of 28 files reviewed, sufficient documentation was not found in four files to support the housing criteria. Therefore, the agency's reported results were adjusted per the file review, resulting in a Meets Expectations rating. Most Golden Circle participants commented that their housing has improved since they started the program. Several mentioned that they were grateful for rent assistance. Others appreciated case managers' help with paperwork or looking for apartments.

Before I got with the program I was homeless. They helped me find housing. That is still a work in progress ... There was a time when I needed help with rent and she was like, 'You are on your own.' I know they help people with rent all the time.

I am not on low income housing anymore but I am still able to afford my rent because of my budgeting.

[We are] working on [housing] right now, and [I] do feel safe and comfortable.

She helped me with rent assistance and just helped make things a little bit easier to pay.

[My housing has] changed a lot since I moved out here. I used to have a lot of problems. I could not keep my kitty [where I used to live].

[Housing has] definitely improved since they first met me. I had to have an intervention because the situation was very deplorable.

I am independent and I live on my own now. That was a big deal.

As far as cost-wise, yes [housing has improved], but the apartments are all old and they have bed bugs. They can treat for that, [but] they keep coming back, and I am interested in moving. So I need to tell her that.

I lived with my parents for years and I moved to my own apartment [several years ago]. [Case Manager] helped me with the whole housing situation. She was really instrumental in the whole process. She really helps me do the paperwork on stuff that needs to be done.

[My housing is] better than I have ever had in my whole life ... [I'm] getting help from Polk County Services for help with rent [and] that is helping tremendously.

Link: The new Community Housing outcome area was challenging for Link's program. The program received a Needs Improvement rating. A few Link participants commented on their housing. Some were satisfied with their living arrangements; others were working with their case managers on finding different housing.

I would change where I live at.

We are working on getting me a new apartment.

I sort of like the group home. If something does not go right there I can tell [Case Manager] and I can tell my house manager.

I want to stay [in current residence] for good.

HOMELESSNESS

Outcome: Reduce the number of nights spent homeless

The intent of this outcome is to provide adequate supports for people in the community. The outcome is determined by the average number of nights spent in a homeless shelter or on the street per individual per year. For the purposes of this outcome, transitional shelters are not considered a shelter. A transitional shelter is a program and/or residence in a homeless shelter where the individual pays toward rent and is developing skills to acquire housing.

Goal	Rating	Points
0 – 0.4 nights	Exceeds Expectations	4
0.5 – 1 nights	Meets Expectations	3
1.1 – 2 nights	Needs Improvement	2
2 + nights	Does Not Meet Minimum Expectations	1

Homelessness

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	0.40	4	1.00	3
ChildServe	0.00	4	0.00	4
CSA	0.13	4	0.03	4
Easter Seals	0.00	4	0.00	4
Golden Circle	1.47	2	0.35	4
Link	0.00	4	0.03	4
System Average	0.36	4	0.25	4

General Comments: The case management system continues to excel at making sure that participants are not homeless. The system average decreased from about 1 night for every 3 participants to 1 night for every 4 participants this year. All agencies met or exceeded expectations for this outcome area this year.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Outcome: Minimize the number of days spent in jail.

The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses. The measure for this outcome is the average number of jail days utilized per individual per year. A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program are not included in the calculations.

Goal	Rating	Points
0 – .99 days	Exceeds Expectations	4
1 – 2.99 days	Meets Expectations	3
3– 3.99 days	Needs Improvement	2
4 + days	Does Not Meet Minimum Expectations	1

Jail Days

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	4.59	1	4.19	1
ChildServe	0.00	4	0.00	4
CSA	0.51	4	0.99	4
Easter Seals	1.03	3	1.71	3
Golden Circle	4.11	1	2.03	3
Link	0.41	4	0.41	4
System Average	1.94	3	1.77	3

General Comments: The case management system continues to be successful in supporting participants so as to avoid or reduce the number of days spent in jail. This year, the system average decreased by about a quarter of a day – or one day for every four participants. Five of

the six agencies met or exceeded expectations for this outcome area. BMC continues to be challenged to reduce jail days.

EMPLOYMENT OUTCOMES

Outcome: The number of individuals working at self-sufficiency during the year will increase.

PCHS recognizes that unemployment is not only a profound issue for the disability community but a key to self-sufficiency. Therefore, PCHS has developed two employment outcomes: Employment-At Self-Sufficiency and Employment-Working Towards Self-Sufficiency. The intent of these outcomes is to increase the employment rate of people with disabilities and increase earned wages.

Employment-At Self-Sufficiency is measured as the percentage of employable individuals working 20 hours or more per week and earning the minimum wage or greater during the four specified reporting weeks. This outcome has been in place for three fiscal years. Employment-Total Working Toward Self-Sufficiency is measured as the percentage of employable individuals working at least 5 hours per week and earning the minimum wage or greater during the four specified reporting weeks. Although this outcome is new to this year's evaluation, percentages for last year were able to be calculated from available data.

The employment outcomes do not apply to individuals between 18 and 64 who are supported at levels 5 and 6, involved in an ongoing recognized training program (secondary school, GED, or post secondary school), or individuals 65 or older who choose not to work (i.e., are retired).

Because employment may vary during the year, the employment outcome was assessed during four weeks of the year (July 11, November 14, February 13, and May 8). The final outcome is the average of participants who were self-sufficiently employed or working toward self-sufficiency during these four reporting weeks.

Goal	Rating	Points
33% - 100%	Exceeds Expectations	4
18% - 32%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does Not Meet Minimum Expectations	1

Employment – Working At Self-Sufficiency

Organization	Reported 2010	Score 2010	Reported 2011	Adjusted Per File Review	Score 2011
BMC	4%	1	4%		1
ChildServe	NA	NA	NA		NA
CSA	10%	1	6%		1
Easter Seals	10%	1	10%		1
Golden Circle	12%	2	11%	10%	1
Link	14%	2	12%		2
System Average	10%	1	9%		1

Employment – Total Working Toward Self-Sufficiency

Organization	Reported 2010	Reported 2011	Adjusted Per File Review	Score 2011
BMC	7%	9%		1
ChildServe	NA	NA		NA
CSA	26%	23%		3
Easter Seals	15%	21%		3
Golden Circle	21%	25%	22%	3
Link	27%	30%		3
System Average	19%	22%		3

General Comments: Employment results were mixed. The system continues to be challenged by the Working at Self-Sufficiency outcome with less than 1 of every 10 participants working 20 or more hours per week and earning at least minimum wage. The system both met expectations and demonstrated improvement for the Total Working Toward Self-Sufficiency outcome with more than 1 of every 5 participants working at least 5 hours per week and earning at least minimum wage.

BMC: BMC continues to be challenged by both of the employment outcomes. The agency's performance remained relatively stable, compared to last year. Few Broadlawns participants mentioned work or school, but those who did said case managers were available to help.

I don't do either because I'm scared to go out.

She is going to help me get a part-time job.

He encourages me to get a job.

I want to go back to school. She helps me with that. And I want to look for another job.

I do better at school.

ChildServe: ChildServe is not rated in employment. The agency primarily serves minors and has very few adult participants. The adult participants they do serve are typically still completing high school.

CSA: CSA was challenged by the Working at Self-Sufficiency outcome, but met expectations for the Total Working Toward Self-Sufficiency outcome. Of those interviewed, many CSA participants mentioned looking for work or going to school. A few reported being employed.

[I am] not in school anymore and I do not work yet ... Going to college and getting a job, being more independent [are goals].

I am working towards trying to find a job.

I am still in high school, getting college credit... a good thing.

[I would like] help finding some kind of part time work, maybe like two hours a day three times a week.

I was volunteering at the hospital. That was good, so we are going to try to get me a job there now.

I babysit a little.

[I'm] trying to get a job right now.

I have been working at Hy-Vee for twelve and a half years. They have been really supportive.

I got to take some computer classes at CSA ... I have been able to get a job through CSA. I would not even have one without them.

Easter Seals: Easter Seals was challenged by the Working at Self-Sufficiency outcome, but met expectations for the Total Working Toward Self-Sufficiency outcome. Almost every Easter Seals participant who was interviewed mentioned school or work. Several described case managers helping them attain good jobs.

I am now in a workshop situation. I am going back to [provider] where I take computer classes. I already graduated from Computer 101. I am waiting for Computer 102, which is a more advanced class. Then I am going to see if I can get some more computer classes somewhere else.

At school I am doing just awesome.

I work in Holland. I make a lot of money up there.

I do volunteer work.

She helped me get my job.

I quit my job because it was getting too stressful, so I am looking for a different job.

I am showing up to work every day, even if I have to cancel services. I am getting great paychecks.

She helped me find my job and I think that is what has made my life better.

When I am done with my school thing I am going to go to college.

Golden Circle: Golden Circle was challenged by the Working at Self-Sufficiency outcome, but met expectations for the Total Working Toward Self-Sufficiency outcome. The program was challenged to document wages and hours for participants for the reporting weeks. Thus, the agency's reported results were adjusted per the file review. However, the resulting score did not change. Several Golden Circle participants mentioned working, looking for work, or returning to school.

She has helped me finding a Job Coordinator that got me a job that I needed.

I am waiting to go to summer school so I am doing the entrance steps. I am doing that on my own.

[I work and am] going back to school for culinary.

I volunteer at a greenhouse and love it.

I did not even have a job until I entered the program ... She encourages me to go to work and have good attendance at work because sometimes I miss work.

I [would] still like you guys to help me with finding my job, and I am patient with that. It has been a slower process.

I don't work. I am disabled.

Link: Link was challenged by the Working at Self-Sufficiency outcome, but met expectations for the Total Working Toward Self-Sufficiency outcome. Most Link participants commented on employment. Some work at Link. Others have found jobs in the community with the help of their case managers.

I have a job here at [provider].

I got my job through the case manager.

She helps me get a job in the community.

I am more independent and it helps me get a job.

I do [better] at work ... I like my job.

I have been doing a lot better at success in my life, for example at my job ... My work ethic has gradually improved. Sometimes I am not really the best at school because I was really struggling with the classes. It was really time-consuming and took a lot of effort.

She has helped me get a job out in the community ... I graduated from high school and am working and doing well.

I am getting my transportation from the cab going to work and from work.

She got me a job ... but I am not making enough money.

I am going to be jobless.

ADULT CONTINUING EDUCATION

Outcome: The number of adults receiving classes or training provided by an educational institution or a recognized training program leading to a certificate or degree.

PCHS recognizes with this outcome that education has an important impact on independence, employment, and earnings. Their intent for this outcome is to increase skill development. The outcome is measured by the percentage of employable adults involved in training or education during the fiscal year.

Goal	Rating	Points
40% – 100%	Exceeds Expectations	4
20% – 39%	Meets Expectations	3
10% – 19%	Needs Improvement	2
Less than 10%	Does Not Meet Minimum Expectations	1

Education - Adult

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	20%	3	20%	3
ChildServe	90%	4	95%	4
CSA	29%	3	28%	3
Easter Seals	13%	2	17%	2
Golden Circle	18%	2	16%	2
Link	17%	2	17%	2
System Average	22%	3	23%	3

General Comments: The CM system performed well on the Adult Education outcome. Almost one of every four adult participants were enrolled in classes or training programs. ChildServe continues to exceed expectations in this outcome area. ChildServe has very few adult participants, and the majority of those adult participants are completing high school. BMC and CSA both met expectations, reporting results similar to last year. Easter Seals, Golden Circle and Link continue to be challenged by this outcome area.

CASE MANAGEMENT INVOLVEMENT IN EDUCATIONAL SETTINGS

Outcome: Increase case manager involvement in educational settings.

The intent of this outcome is to encourage greater cooperation between the educational and disability systems. Many parents struggle to feel comfortable with being assertive in asking schools to meet their son's/daughter's needs. Case Manager involvement in the school setting helps parents learn how to advocate and promotes collaboration between the education and disability systems. Attendance at an Individualized Education Plan (IEP) meeting is one way to meet this outcome, but other activities related to cooperative efforts between the two systems are counted as well. Involvement in educational settings is defined as the Case Manager's participation in at least one IEP staffing, conference, and/or other structured school-related meeting per child per year.

Goal	Rating	Points
95% – 100%	Exceeds Expectations	4
90% – 94%	Meets Expectations	3
85% – 89%	Needs Improvement	2
Below 85%	Does Not Meet Minimum Expectations	1

Case Management Involvement in Children's Education

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	NA	NA	NA	NA
ChildServe	87%	2	85%	2
CSA	98%	4	97%	4
Easter Seals	81%	1	99%	4
Golden Circle	NA	NA	NA	NA
Link	100%	4	91%	3
System Average	89%	2	89%	2

BMC and Golden Circle do not serve school age children.

General Comments: The system average for Case Management Involvement in Children's Education remained stable, compared to last year. Easter Seals reported improved performance. ChildServe and CSA remained stable. Link reported a decrease in performance compared to last year. Despite ChildServe's reported results, file reviews indicated that the ChildServe case managers have a presence at the schools, introducing themselves to teachers early in the school year, visiting and observing child participants at school throughout the year, and working with school personnel and parents during the school year. Although the agency is challenged to attend the annual IEP meeting, the agency does work closely with the schools.

TRANSITION

Outcome: Supported individuals will transition smoothly from child to adult services.

There are many differences between the child and adult disability systems. Transitional activities are intended to equip individuals and their families with the skills and supports for a seamless transition between systems. Transitional experiences are activities for individuals between the ages of 16 and 18, or between the ages of 18 and 21 and still enrolled in secondary school, that focus on developing skills needed after the participant leaves secondary school. The outcome is based on a minimum of three transitional activities per person for program participants aged 16 to 18 and for adults aged 18 to 21 and not transitioned.

Goal	Rating	Points
96% – 100%	Exceeds Expectations	4
90% – 95%	Meets Expectations	3
85% – 89%	Needs Improvement	2
Below 85%	Does Not Meet Minimum Expectations	1

Transition

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	NA	NA	NA	NA
ChildServe	100%	4	100%	4
CSA	100%	4	98%	4
Easter Seals	94%	3	100%	4

Golden Circle	NA	NA	NA	NA
Link	100%	4	100%	4
System Average	98%	4	98%	4

General Comments: All agencies exceeded expectations on this outcome area, which continues to be a strength of the system. Case managers were often involved in developing IEPs that addressed transition, coordinating with DHS and provider agencies for transition activities, and setting up SCL services to teach skills needed in adulthood. For some, case managers were involved in setting services such as obtaining adaptive equipment, applying for benefits, exploring housing, or linking to health care so that these services would be in place when the participants became adults. For others, transition activities included employment or work experience. For a few, case managers were involved in exploring residential services or helping parents pursue guardianship.

PARTICIPANT SATISFACTION

Outcome: Individuals will report satisfaction with the services that they receive.

Individuals are the best judges of how services and supports are meeting their needs. Participant satisfaction is based on interviews by the independent evaluator of ten percent of the agency's participants. The interview asks program participants questions regarding access, empowerment, and service satisfaction. PCHS's expectation is service excellence. PCHS expects that the vast majority of individuals will rate their agency's service in the highest category.

Participants are asked eight questions concerning their satisfaction with their caseworker, agency and services. A point is awarded for each question for which the participant reports being satisfied (i.e., agrees with the question). Occasionally, people chose not to respond to all questions. An agency's score is based on the percentage of points achieved out of the total possible points for the agency given the number of responses.

Goal	Rating	Points
95% – 100%	Exceeds Expectations	4
90% – 94%	Meets Expectations	3
85% – 89%	Needs Improvement	2
Below 85%	Does Not Meet Minimum Expectations	1

Participant Satisfaction

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	98%	4	94%	3
ChildServe	NA	NA	NA	NA
CSA	98%	4	95%	4
Easter Seals	95%	4	96%	4
Golden Circle	98%	4	93%	3
Link	98%	4	95%	4
System Average	97%	4	95%	4

General Comments: Although the system evidenced a slight decrease in reported satisfaction, the system average remained in the Exceeds Expectations range. All agencies met or exceeded expectations. ChildServe clients are almost exclusively minors. Therefore, they are not interviewed or scored on this outcome.

BMC: BMC participants reported being satisfied with the agency and services. Of 255 points possible, BMC received 239 points, resulting in a Meets Expectations rating. Broadlawns participants describe their case managers as friendly, accessible, supportive and inspiring.

She knows how to keep me calm, and she will come to see me if there is a real bad incident ... [Case Manager] is the best that I've ever had and I don't ever want to lose her because she makes me progress. She's very good at her job. ... If I didn't have her I'd be dead.

He does a good job. He keeps me out of trouble. If I ever need help, he is there for me.

I am not using or drinking no more ... She is there all the time when I call her ... She is a sweetheart.

Of all of the services I have, [this] is the one that has been most consistent and supportive of my being in the community, in spite of all of the challenges I have.

She is very friendly and organized, and she gives me lots of inspiration. I feel really good when she comes over. And I feel like I want to talk about my goals because it is fun to talk with her about them. It is really fun to talk to her. I get really enthused about them. She gives me lots of ideas like things to do.

She helps me decipher insurance forms that come in the mail. She helps me with a lot of things ... If I have a bad week she is always there to help me through.

He supports me in what I do. He talks to me about the things that need to be done ... He is good with people. If he does not understand, he asks questions ... [He] sees me once a month but if I need him I can call him anytime I want and he'll be there.

She is just full of laughter and smiles. I like her a lot ... She is just a good-hearted person and very understanding.

She has come into my life and helped me to make it better.

Few participants had criticisms or suggestions for the program. Some participants would like to see their case managers more often. One would like to be his own payee. Another participant had a bad experience with a previous case manager, highlighting how important staff are to the program.

She is slow about everything ... She does not care too much about me. ... She's in it for the money.

She only wants to see me once a month. Why, I don't know. She never wants to come to my apartment. She always wants to meet at Broadlawns. Why, I don't know.

There was a worker ... who was not very good. She didn't do things. Every night I would have nightmares about her ... She is finally gone and I feel so much better about it ... It is sort of a scary thing because it just depends on the worker. I don't want somebody bad to get into the program again. I don't want to have that experience again.

I have been a little unhappy with her because I am trying to become my own payee and she says that can't happen ... She is just a little disrespectful towards me ... Listening to me more [would help]; when I'm telling her I want to become independent, and become my own payee, I want to be listened to ... But she is pretty good. She has been helping me with the basic things I need. She is doing her best part.

Make the schedule less busy, so I can see him more. It seems like [Case Manager] is always swamped, even though he sees me more than is necessary ... [He] does a great job, and I wouldn't take anyone else over him.

It seems like every year I get a different worker and I was wondering why.

CSA: Consistent with last year's results, participants were very satisfied with the staff and services that they received from CSA this year, resulting in an Exceeds Expectations rating. Of 320 points possible, CSA received 304 points. CSA participants described case managers as organized, understanding, personable, and dependable. A couple participants credited the program with keeping them out of the hospital.

She has helped me. When I need things done she does them right away. She is always there when I need to talk to her. If I have a problem with something she takes care of it ... There is a little more hope [now].

I think she is more organized and a better social worker. I think it makes a difference in my life.

I am very happy with [Case Manager]. She makes my life easier to live. I am very impressed.

He helped me get Section 8 housing, savings and discounts at groceries. He helped me keep my permit, my Medicare, my insurance and a psychiatrist ... He is one of many case managers I've had, and he is the best. For eight or nine years he has been helping me get the services I need ... I appreciate those yearly staffings to submit new goals to them.

He has been very understanding about the situation I have had. He is real nice and real sweet to me.

[Case Manager] is just very open and polite and understanding. She talks to you like you are an adult. She makes sure I am getting the services that I am supposed to be getting ... I feel like I have somebody that cares and I feel like I have somebody that is helping me ... When I have a problem they have me call and [I] talk to them and that way it keeps me out of the hospital ... They give me encouragement and hope when I do not feel like I have any.

They are very respectful. They do not talk down to you. They speak to you like an equal and they know how to get services in your area that you need.

Coaching, budget for schooling, day program; she is a good case worker. She listens well. She deserves a big pay raise: a \$10,000 raise ... She listens to me when I get upset ... Overall just life is getting easier to live with.

I have nothing but good things to say about them ... She helps me organize things. She is going to my doctor with me. She tests me and comforts me when I am feeling blue ... She helped me get in [provider] a while ago. [I have not] been in the hospital for seventeen years because of her help ... With everything she is a sweetheart, the best one I ever had.

Some participants would prefer a new case manager. One would like help with a drivers' license goal; another would just like reassurance that she will not be dropped from the program.

I would get a new case manager ... She can be a grouch sometimes.

I would probably choose a different case manager. She is fine ... She does everything she is supposed to ... but sometimes she talks to me like there is stuff that I don't know that I do ... Yes she treats me with respect, but sometimes she treats me like a child and I do not appreciate that.

Last year [I inherited] some money ... and they canceled my Polk County Services, and my [family] does not want anything to do with me and they are not listening ... I just wish either [to] get away from [current case manager] to another case manager or [to] I have someone on my side that will listen to me about my problems.

I have had goals and they were not attended to. I want a driver's license, but nobody will let me practice and nobody has even approached me ... It is like they want me to need them.

It is hard to find people to work with me and I have asked [my case manager] to look for some and he never got back to me ... Sometimes they help you and sometimes they do not return your calls when you need to talk to them. ... Overall issue is mostly the lack of communication; I have to wait three or four days to a week to hear back ... I would also have my case manager give me more help with looking for jobs.

I really rely on the services because after everything I have been through ... I was worried about being homeless and ... I worry about being put out of the agency, and ... that is a big concern for me. Things do change.

Easter Seals: Consistent with last year's results, Easter Seals participants were very satisfied with the agency and the services they received this year. Of 337 points possible, Easter Seals received 324 points, resulting in an Exceeds Expectations rating. Easter Seals participants reported that they enjoy working with their case managers, whom they describe as friendly and available.

They will see me any time I need them. If I need them they are right here.

[They helped me by] making me realize that a little help does not hurt anything; sometimes with home-life she helps me. She is one of those people you can just talk to ... The whole thing is great because it gives you help and tells you about things you are not really sure about, like SSI, assisted living, work readiness skills and all of that.

I am glad I am working with her. She does good for me. She helps me out with stuff.

I really enjoy working with her. She is very friendly and knowledgeable of services that I need and that are around in the community. She keeps in contact with me more so than some of the other caseworkers.

I see [Case Manager] once a month. I know almost all the staff over there. It is perfect ... And then we have a once-a-month check-in just to see if there are any problems we can solve at that time, or not, or just to catch up on the latest things that are going on.

She comes more often than other workers I have had. She comes every couple of months and sometimes she stays and talks to me ... The other programs were more or less a flop, but this one has worked.

A couple participants were not happy with their current case managers. Some would like to be seen more often. One participant recommended distributing information on who does what.

I would [recommend Easter Seals], but not [my case manager]. She does not care ... Give me a new case manager immediately.

I would not recommend [current case manager] because she was kind of bossy to me.

I feel like she does not come down very often. She tries to get down here, I understand, but it is just not enough ... I feel like she could see me more.

Sometimes she does [help] but she does not come enough ... [and] she hardly ever calls me.

Sometimes I am not sure who-does-what: the position that each person has. I would make who-does-what a little more clear to the person who is receiving the services.

Golden Circle: Participants were satisfied with Golden Circle staff and services this year. Of 220 points possible, Golden Circle received 204 points, resulting in a Meets Expectations rating. In interviews, participants reported that Golden Circle case managers not only provide needed services, but care about them as individuals. Several participants said the program was indispensable to them and that the goal component is important in their lives.

I got SCL and it has got me out and about places where I would not normally get to go. She has helped me to get groceries and non-food items. About every other week they have a community get-together where different clients come together and break bread together and do stuff together.

Without them, I could not do it. That the staff is the greatest and that they help with everything that I am going through ... I would not change anything.

She is very supportive and she knows the system so she is able to help me get the services I need. And she just helps make me feel good about myself ... She is dedicated to her job and she is a pleasant person to work with. She makes me feel that she cares about me ... I wish more people could have it. I feel very fortunate. I would be lost without it.

[They] treat me like a human not just a client ... I don't like to know [how much services cost] because [I] feel bad ... I don't want to lose them and am scared of that ... I don't know what I would do without them.

[She is] easy to get along with and she stuck to her job, and did what she was supposed to do, and has made my life better.

[I] got out of [a] bad situation [and my case manager] was able to cut through all of the red tape ... I am giving them top ranks.

He makes sure that my goals are being met. And they are. I have a lot of people that work with me to make sure that I am obtaining those goals.

Just knowing that I have someone to call if I need help [helps]. Also having goals gives me something to accomplish and my life is better for that reason ... It does not feel as hopeless.

She wants to work with me. She asks me my opinions and she is open and accepting of my opinions as far as [how] to be assistive to get me whatever is in her power... [to] secure. She is making sure that I am happy with ... [my] home ... Or if I am unhappy about things she will assist me ... She stuck it out through [a medical condition]. I think that that was nice. She probably had days she did not want to go out, but she held on. That was strength. It was nice to keep it familiar with the same care worker. That is

important because those types of things can be obstacles. And she has a good personality ... I believe that she is for the uplifting of humanity.

Some participants said case managers were hard to get a hold of; others would like more of their case managers' time:

[I'm] trying to get a hold of her and I can't get a hold of her.

Sometimes I get so angry with [Case Manager] that I want to talk to her boss, but I don't. She is so hard to get a hold of... and I need to talk to her. It is important, you know.

There have been times when you can't get a hold of them, or calls do not get returned ... I think that they could help more. I have had a problem with my landlady and [Case Manager] has not been helping. And this has been going on for three or four months ... [I wish] that she would be more helpful and follow through with what she says she would do; she leaves me hanging. I thought she was supposed to be an advocate for me and she has not been doing it ... I would like to know when there are meetings or what they are offering.

One thing I can't change is having her answer the phone. She is either in or out or on a different line. If I have a problem I would like to be able to get a hold of her. I have stressed this problem before especially in regards of my family situation.

[I] would like to see them more. I would like to see them two times a week, but now I only see them once a month or when papers need to be signed.

[I would like] more time with the case manager. [Sometimes] you have something that is going to take longer than an hour or two to get things finished that we start.

Other clients had specific criticisms or suggestions to improve the program:

I don't really like her because when she comes to see me she is always dogging on me to get the goals done and is scared [for me] to move out ... I would not recommend [her] but would recommend some of the other case workers.

Right now [I] have no help and it is the hardest thing to get up in the morning, knowing I don't have help ... I would like to see them more involved in my life in general and anyone who needs help. [I] had a girl who came three times a week and would like to have that again ... [I] want someone to help me put meds in med holder and someone to plan goals with ... Fire [Case Manager] because she got rid of [my] in-home worker.

[I would] like to know more about the resources that I qualify [for]. At the moment [we] only address [it] as it comes up.

I think Golden Circle needs something where a patient could ride with the case manager. That was the hardest thing: getting transportation [from where I was living]. I had to

pay \$75 to meet someone from Mainstream. [Case Manager] wanted to and would be more than willing to drive me if she was allowed to.

Link: Consistent with last year's results, Link participants reported being very satisfied with the agency and services they received this year. Of 245 points possible, Link received 239 points, resulting in an Exceeds Expectations rating. In interviews, participants reported that Link case managers help them access services, support them, and keep them on the right track to reach their goals.

She has helped me get services so I don't go backwards.

She is a good case manager ... She comes and visits with me. They make sure I get to my appointments. They make sure everything is going okay ... I really like Link, and hopefully I can continue staying with Link. I know they do have a program that you have activities you can join. You get to do fun things and that is why I like Link, because they have a lot of activities you can sign up for and get out and do it.

They are there and easy to reach when I need them.

I feel like they keep me safe [when] I hear these voices.

She is a good worker. She has helped me improve considerably ... She has improved my life.

Several participants had criticisms or suggestions to improve Link's case management program. Some wish things could happen more quickly or that they could spend more time with case managers.

They need to work faster to help me find the job.

They are not fast enough, but their help is alright.

She has to take a lot of time and effort to get all of the services up and running. She sometimes forgets, but it takes a lot of time ... a really long time. She can't just call me on the phone. She just comes to the once-a-month staffing. She can't make phone calls like that because it is against her work policy ... The services at LINK Associates are really good. But she kind of needs some help with keeping more track on the goals.

I do not like her at all. She has not done very good. She has been lazy and not submitting paperwork on time. And then I have to wait for alone time with her. It took almost two months ... Pretty much the issue is laziness. I do not think she pays attention to what I want to do and work on for my goals. I am going to switch my case manager because she has not even been out to see me except once.

I see her once every three months. I would like to see her more.

[I would like] if I could talk to my case manager about my thoughts more.

PARTICIPANT EMPOWERMENT

Outcome: Individuals will achieve individualized goals resulting in feeling a sense of empowerment with the system.

PCHS recognizes with this outcome that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is rated by file review.

Goal	Rating	Points
95% – 100%	Exceeds Expectations	4
90% – 94%	Meets Expectations	3
85% – 89%	Needs Improvement	2
Below 85%	Does Not Meet Minimum Expectations	1

Participant Empowerment

Organization	Percentage 2010	Score 2010	Percentage 2011	Score 2011
BMC	100%	4	97%	4
ChildServe	100%	4	100%	4
CSA	100%	4	100%	4
Easter Seals	88%	2	89%	2
Golden Circle	100%	4	64%	1
Link	97%	4	100%	4
System Average	97%	4	92%	3

Measurement: To assess this outcome the evaluator considered the following elements:

- Whether there was evidence that the participant was involved in setting the goals
- Whether individualized, measurable goals were in place and what services the agency planned to provide to achieve the goals,
- Whether employment or education goals were addressed with the participant, and
- Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file

Each case has to demonstrate all four areas of documentation to be deemed as meeting this outcome. The outcome is calculated as the percent of files reviewed that met all four criteria.

General Comments: Results for the Participant Empowerment outcome were mixed this year. Four of the six agencies exceeded expectations with sufficient documentation found in all files reviewed. Two of the six agencies were challenged by the outcome.

BMC: Of 32 files reviewed, 31 were complete. In one file, sufficient documentation was not found to support that employment or education were addressed with the participant during the evaluation year. BMC participants were working on a variety of goals this year. Many were maintaining or improving physical or mental health by attending appointments, taking medications, attending therapy or support groups, taking Mercy Wellness, recovery or anger management classes, exercising, living a healthier lifestyle, working on coping and crisis skills, or quitting smoking. Socialization was also a frequently mentioned goal, including attending Hope Center, Passageway, or the YMCA, or participating in other social and community activities and working on appropriate communication. Some participants were working on improving their financial status or skills by becoming their own payee, saving money, budgeting, or paying off fines. Several participants were working on independent living skills, such as maintaining their apartments, learning the bus system, learning to cook, doing household chores, or completing probation. Some participants were working toward employment by improving computer skills, finishing high school, getting a GED, or finding a job.

ChildServe: Of 32 files reviewed, all were complete. ChildServe participants worked on many different types of goals this year. Most were working on some type of independent living skills, based on their functioning and environment. These included speech and communication skills, social skills, learning to purchase items, cooking, household chores, safety skills, money skills, getting dressed, toileting, community involvement and activities, personal hygiene, following directions, staying on task, self-feeding, using utensils, or memorizing personal information. Some participants were pursuing recreational goals such as riding a bicycle, swimming, learning to play with a variety of toys, or playing appropriately with peers. A few were working on improving their health by strength building, music therapy, making healthy choices or exercising. Most families received respite services, where participants engaged in a wide variety of fun activities.

CSA: Of 42 files reviewed, all were complete. CSA participants were pursuing a wide range of goals. Most participants were working on maintaining or improving their physical or mental health by attending appointments, taking medication, losing weight, managing anger, maintaining blood sugar levels, learning better coping skills, or exercising. Some were pursuing financial goals, including budgeting, money management skills, becoming their own payee, finding a job, taking classes, pursuing a GED, filling out job applications, working on interviewing skills, or volunteering. Many participants had goals to socialize and participate in community activities and events or attend camp. Participants worked on many different independent living skills such as maintaining their housing, learning to cook, planning meals, grocery shopping, cleaning their apartment, doing laundry, learning to tell time, riding the bus, getting a drivers license, completing personal hygiene, getting a driver's license, signing for basic needs, or finding an apartment.

Easter Seals: Of 44 files reviewed, 39 were complete. For one file, sufficient documentation was not found for how participant was involved in goal development or that individualized and measurable goals were in place and reviewed regularly. For another file, documentation was not found for how participant was involved in goal development. For another file, sufficient documentation was not found to support how individual was involved in goal development, that individualized and measurable goals were in place and reviewed regularly, or that employment

or education were addressed with the participant during the evaluation period. For two files, documentation suggested that program did not follow-up in a timely manner with requested referrals for services.

Easter Seals participants were working on a variety of different goals this year. Many participants were pursuing employment, working on finding jobs, maintaining jobs, workplace safety, attending classes, improving computer skills, or pursuing volunteer jobs. Participants were often working on independent living skills such as healthy eating, cooking, grocery shopping, laundry, personal hygiene, housekeeping skills, budgeting, money skills, learning to use the telephone, learning parenting skills, toileting, or safety skills. Some participants were working on social skills, such as communication, participating in community activities, or going out on dates. Improving physical and mental health were common goals, including working on coping skills, attending appointments, exercising, taking medications consistently, or managing aggression. A few participants were receiving respite services.

Golden Circle: Of 28 files reviewed, 18 were complete. For one file, sufficient documentation was not found of how participant was involved in goal development. For nine files, sufficient documentation was not found to support that employment or education were addressed with the participant during the evaluation period.

Golden Circle participants were working on a wide range of goals. Many participants were focused on improving or maintaining their physical or mental health, including losing weight, managing medication, attending appointments, meeting with therapist, managing diabetes, eating healthier, or establishing a support network. Some participants were pursuing employment or volunteer opportunities or attending classes. Independent living skills were also common goals, including finding and maintaining apartments, memorizing phone number, feeding skills, housekeeping skills, paying bills, budgeting, preparing meals, grocery shopping, money management, become own payee, and personal hygiene. Some participants were working on socialization, including attending community activities.

Link: Of 33 files reviewed, all were complete. Link participants were focused on a wide range of goals this year. Many participants were working on independent living skills, including toileting, maintaining housing, personal hygiene, cooking skills, meal planning, coping skills, exercising, learning to use a cell phone, money management, safety skills, housekeeping, learning medications, using a calendar, scheduling appointments, reducing aggression, learning manners, respecting boundaries, growing a garden, or learning bus routes. Participants were often pursuing socialization goals, including improving communication, participating with peers, or attending community events or activities. Some participants were pursuing employment goals, including maintaining or obtaining employment or volunteer opportunities. Some participants were receiving respite services.

FAMILY AND CONCERNED OTHERS SATISFACTION

Outcome: Families and Concerned Others will report satisfaction with services.

The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individual supported and his/her family member with the needed services and supports. Family/concerned others satisfaction is based on interviews by the independent evaluator of ten percent of family or guardians of the agency's program participants. The interviewer asks seven questions regarding access, empowerment, and service satisfaction. A point is awarded for each question for which the family member or concerned other reports being satisfied (i.e., agrees with the question). Occasionally, family members chose not to respond to all questions. An agency's score is based on the percentage of points achieved out of the total possible points for the agency. Similar to participant satisfaction, PCHS's expectation is service excellence. They expect that the vast majority of family members and concerned others will rate their agency's services in the highest category.

Goal	Rating	Points
95% – 100%	Exceeds Expectations	4
90% – 94%	Meets Expectations	3
85% – 89%	Needs Improvement	2
Below 85%	Does Not Meet Minimum Expectations	1

Family/Concerned Others Satisfaction

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	98%	4	93%	3
ChildServe	99%	4	99%	4
CSA	93%	3	92%	3
Easter Seals	91%	3	96%	4
Golden Circle	93%	3	95%	4
Link	96%	4	96%	4
System Average	95%	4	95%	4

General Comments: Family members and concerned others continue to report being very satisfied with the case management services provided by the system agencies. The satisfaction system average remained stable compared to last year and continues to fall in the Exceeds Expectations range.

BMC: BMC family members reported satisfied with the agency. Of 213 points possible, BMC received 198, resulting in a Meets Expectations rating. Several family members who were interviewed did not know who the case manager was or have any contact with the program. Those who were in touch with case managers praised them for caring about participants as individuals while helping them navigate a range of services. Many family members say their

current case manager is the best they've had and supports the whole family by helping participants.

She has been helping with Section 8 and she is helping me getting other things ... She helped get [Participant] into services like getting him a GED and stuff ... She has helped [Participant] open up and she has helped [him] get out more ... They are competent, reliable, easy to get along with, and they are understanding.

I know for us the communication has been great and the options are great ... I find it exceptional. They are knowledgeable. They are helpful. I feel like we have a team working together on it.

I think she is doing a remarkable job. She is the best one he has ever had ... I know that typically they used to change his case manager all the time and it was a big scramble. But this case worker that he has now has really tried to stay on his case, and we have seen a huge change in him because of that.

Whenever she goes in the hospital I have the number and can call them. I can't say enough kind things about them. They have helped immensely since I am unable to help her like I used to.

When he has been out of control I can call her and she will be right on it and get him help. She is always there for him, and if I need her she is always there for me to talk to. Even when I am frustrated I can call her to vent.

She has given him more confidence and when needed she pushes him. And she is always there for him when he needs. She gives him security ... She is really easy for [Participant] to open up to and he trusts her. She seems to be very knowledgeable ... She really cares about her people and she would go the extra mile for him if need be ... Give her a gold star. [Her case managers]: they go the extra mile.

The caseworkers that he has now have been more helpful with him. He has had workers before that seem like they just never got around to doing things. They would always run out [of time] before the paperwork got done and that placed the burden on us ... I don't know what we would do without [current case manager]. There is more self-reliance, and [that] makes me feel better because someday I will not be around.

Some family members were happy with the amount of contact they had with case managers; others wanted more information.

I would like them to [contact me], but they do not.

I do not hear much if anything ... [I] have no communication with the case manager ... [but] everything is going well so we cannot be unhappy.

[Participant] has authorized me to check up on things, but [the case manager] does not really talk to me about resources or explain these things closely to [Participant] ... I have a friend who is a good case manager and she helps me. I will go elsewhere if I can't get anything from him ... When there are people like my son it is important to keep families informed. I don't think a lot of clients are being informed because of being overloaded. There could be more information given to families.

Family members had lots of suggestions for the program. Some wanted specific services. Others wanted case managers to be more insistent and proactive with participants, encouraging them to see the doctor, take medication, or pursue a GED, and staying on top of issues like home cleanliness and Section 8 paperwork. Some of these family members felt that participants could be more accountable to the program, and one even suggested that they give something back through volunteer work.

I told his caseworker that my son is the type that you have to keep repeating things... and I don't think that she does that ... If you are going to tell him something you need to follow through with it... such as this GED. He mentioned it but then I never heard anything else about it. I also think they need to see him more often.

Sometimes they call us back, sometimes they do not; most of the time they do. Lately, because of the change of the case manager, [new case manager] has been making an effort. They all do when they first start. Pretty soon they slack off with [Participant]. You can't blame them. They don't get results ... If they leave it up to him to pursue something, or to even get an appointment, he is not going to do it. We feel that more urging and keeping on top of him more is necessary ... [Participant] gets a letter from Section 8 with things he needs to do. He never tells them about it, so he loses it.

The changes I would make would be to help him more with his doctors' appointments and making sure he goes to see them.

I would make sure that he gets the food that he needs and not so much spending money for booze... and having someone check on his apartment and letting him know that he has to get it clean. Someone should be there to tell him that he needs to clean up otherwise he will have to move into a place that takes care of him.

I would say maybe making sure that clients are accountable to their case manager or a requirement for volunteer work or education. I don't think it is too much to ask that they better themselves and the community at the same time.

More services; if there was a care situation between going to the psychiatric facility or jail and home... If he would not have us he would be homeless. He needs transitional housing.

I think [participants] need more to do with their time; [they] need to find more things for them to do, activities. He is one of those people with too much time on his hands. He

gets in trouble. He needs to be kept busy also. [It] would be nice to get rides at night, for classes et cetera.

She has failed at the college here many times. She gets overwhelmed in them. She is talking about wanting to go back to college and ... they need to check her records before they encourage her to go on because of her failure. And that makes a mental block inside of you that you can't do it. They need to know that she has this block. But she has tried harder since she has been to Broadlawns than anywhere else.

I think that [Participant] gets overwhelmed with the number of people and he does not know whose job is what.

Many family members wished there were more staff and better pay so that turnover would be reduced and case managers could spend more time working with participants.

[Participant's] case managers have been switched a lot. It takes him a long time to trust someone, and then they switch him to someone else and the process has to start over. Do you know why the case managers switch? What are the reasons? We never hear a reason why they switch.

I think the case managers need to have less of a case load so they can do more with their clients. They need to be able to see their clients more often than they do.

Their administrative load is way larger. They have a new tool [for paperwork] that may be a little extensive. It makes it harder for her to focus on person-to-person contact.

They have so many people to deal with, so they don't have quite the time to do what I would like.

[I'd suggest] impossible things like more workers, impossible things like that. They are all young and vibrant and pretty soon they move on because they don't get paid much. And then they leave.

ChildServe: Consistent with last year's results, family members of participants enrolled in ChildServe reported being very satisfied with the agency. Of 209 points possible, ChildServe received 206, resulting in an Exceeds Expectations rating. Families characterized ChildServe case managers as organized, resourceful, caring, and responsive. Many noted big positive changes in participants since starting the program. One respondent summed up how crucial services are when she said, "My life would not be normal without ChildServe and neither would his." Representative comments included:

The knowledge base about the services available and his willingness to share personal experience [helps] ... They meet our needs and they are involved just enough for us. We don't need a lot of input, but when we need it they are right there.

[Case Manager] has helped make a case for us as far as the services we need and the funding we need and backed up what we are doing. She is also helpful because she visits [Participant] at school ... [Participant] has gained language ... She has made huge improvements because of the services she has received.

They always answer my questions and get back to me right away. And they recommend things that I would have no idea about for him to get involved in.

For one, she is always in contact. We nicknamed her "Aunt [Name]". She contacts us with services and she is all-around great.

[When I have a problem,] she takes care of that so I do not have to look like the parent throwing a hissy fit.

Anything that I have ever needed, [Case Manager] has been great. I feel like I can contact her or call her anytime ... [Participant] has gotten better. He has less frustration. He has a talker and that means a lot to me ... They have done a great job at adapting because every year we change our goals and revise the plan to help make [Participant] better ... She visits with me and [Participant] once a month and keeps me totally in the loop. There is nothing I could say to make it better.

I would say that first and foremost that they paired us with an appropriate case manager. My case manager was able to find out that we were able to have a home health aide. That has been a massive, massive, massive relief for me ... She has been dedicated and helpful in any way that I have asked her to be.

I like the fact that they have to be in contact with the family every quarter and send reports of what the workers are saying about [Participant]... [I appreciate] the reports that she has to write up.

She works with us ... She is on top of everything ... She is preparing for the summer for when [Participant] needs extra hours ... [Case Manager] has come forward and done research on different things ... They were going to cancel his services [and Case Manager] and I appealed it so he could get the services that he needs. If different programs come up or if we have a problem I get in touch with [her] and she takes care of it. And she gets right back to me so I don't have to worry about results.

[I give them] the highest mark plus one ... [Participant] is turning into an adult and then we will have to make some changes, but I trust that [Case Manager] will be there to take care of that ... She is awesome. They need to know that. She has changed our life significantly.

Some parents appreciated that ChildServe case managers are proactive and offer services that families may not know about. Other parents wish case managers would lay out options for services because they do not know what is available or what to request to best help participants.

[What helps?] Advice on services that he would qualify for and services available would be the biggest impact, and knowing our family and [Participant] well enough to adjust those things. And she sees [him] at school and therapy so she has helped us in goal setting as well ... She is kind of a step ahead. The older he gets she thinks of things he may be needing as they come up.

Just that they are very involved and they listen and recommend services and options without waiting for you to tell them what you are wanting. And the person is treated with the utmost respect.

Just me not knowing what specific services are out there and what are the right questions to ask [is hard]... If I do not ask the right questions ... maybe they could help out with that and call me up and get a hold of me about what is going on ... At the time I just did not know what they provided ... so I just didn't ask the right questions. I need to do that more.

[Case Manager] is not forthcoming about things. We really like her a lot but I feel that there is not a lot of information given off the bat ... I think there should be more information forthcoming at different stages in his life as they arise. Maybe something that gives you a layout of what similar children's problems are at different stages of life. I have had to really find out things on my own at different stages ... There are a lot of things that I don't know about and I find out from other parents getting the same services but better care.

One parent was unhappy with a previous ChildServe case manager and would like to see more communication and training throughout the organization. Others made suggestions for additional services they would like. Quite a few mentioned the importance of having a consistent case manager and staff.

[The previous worker] just did not know anything. She never had any information. I would get things to her and she would pretend she never had [them]. I quit asking questions because I was never going to get an answer, so we gave up on respite, SCL, and just asking any questions that my case manager was supposed to be able to answer. They have so many managers at ChildServe and none of them communicate with each other ... ChildServe, as a whole, needs to work to get their people trained constantly on what services are out there, and how services change, and everything that is out there. That is there job [to know] ... Communication needs to be better and they need to find new ways to find new resources. I just don't feel that in general [that] ChildServe is proficient where it is supposed to be.

[I] feel that there are times that [the case manager] wants to be informed about things that I do not think she should be informed about. I really do not see why she needs to sit in on school and other places. I don't understand her being there and sometimes I do not want extra people there.

I think the only thing [I'd recommend] would be some additional training for case managers within the transition from child to adult services.

Allowing them to keep the case manager that they have had until they have reached twenty-one [would help].

I would like to see if the child could have just the same case manager. She has had four or five, and she has only been with [her current one] for two years.

It would be really nice if the forms did not change from year-to-year, and not having to write things over and over again, mostly just forms and paperwork ... Make their paperwork simpler.

This year, several parents recommended developing web tools so parents can look-up information, complete electronic forms, and check balances on available money and respite hours.

[I would] recommend having some sort of website where parents can go online to look up information themselves so they can do their own research instead of have to ask questions of the case manager.

They do seem to be putting out more general resources. I love having that come out through email.

I would have more opportunity for the parents to go online and to check the total hours for respite and have the documents online instead of in the mail. [An] updated website that would update their hours and money used.

It would be nice if they would have more availability through the internet, in terms of filling out paperwork or looking at money that has been used. They need some software.

CSA: Consistent with last year's results, CSA participants' family and friends continue to be satisfied with the agency. Of 276 points possible, CSA received 253, resulting in a Meets Expectations rating. Family members and concerned others described CSA case managers as knowledgeable and proactive, suggesting helpful services for participants. The quality that parents and concerned others mentioned most was that case managers really care about participants as individuals and take the time to listen to them. Several family members say their current CSA case manager is the best they've had.

Some of the things [Participant] wants are not available or take time to get, but [Case Manager] does a very good job of finding resources for [her] ... [Case Manager] is almost like a parent to [Participant]. I really appreciate that. Her care for her and her concern for her is great.

He has a very good rapport with his case manager. I think he has been more content in that facility than he has ever before in his whole life ... [Case Manager] has been the best [Participant] has ever had.

She has just helped him with the people who helped him with cleaning. They take him grocery shopping and [to] his doctor's appointments ... It allows him to live out in the community ... [Case Manager] is just a wonderful person. I cannot say enough nice things about her.

[Case Manager] cares about her clients. It is a sincere care. It is not just a job for her. She has been very helpful in the years that she has been [Participant's] case manager ... They listen to what he says, which is very important as a guardian ... I think [Case Manager] needs a raise.

[We] enjoy working with him. He does not leave any loose ends. If we contact him with anything, it may take him awhile, but he will call us to tell us he is working on it ... Everything is going really well. It is going scary well. She is very happy. She is very positive. She is gaining new strengths. We just never imagined that could ever happen with her. I give [Case Manager] a lot of credit. She is becoming something we thought she could not be. We have had times in the past that [we] kind of felt like we were outsiders looking in and we [haven't] been well informed on things. We don't have that feeling anymore.

I like this case management better than any other she's ever had. They always want to check on her and they really care and are looking out for her. And they are making sure that the meetings are done when they are supposed to. [Her previous program] was just like once a year and now [Case Manager] is constantly calling to make sure she knows her goals and is checking with teachers.

She has a very outgoing, cheerful manner. She is very approachable ... She puts [Participant] at ease ... She is very good about helping him articulate what he is looking for. She 'gets it' ... She makes suggestions that I have never thought of. She has been good at guiding me as well ... She will try really hard to get the most appropriate services in the least restrictive environment ... We went through a really rough spell and she was there the whole time ... I have been thrilled with CSA. We had somebody fill in when [the case manager was out] and it was a flawless transition. I have been very impressed. [She] is the best ... [I am] more than satisfied; she is phenomenal.

[Case Manager] has been extremely helpful with the various placements we have had for [Participant] in attempting to get her involved with anything to keep her busy. [Participant] has been in and out of jail. It has been so difficult and [Case Manager] has just been wonderful ... We did have problems and I was not happy with the way things were being handled and [she] just got right on it and it got taken care of ... I have her cell phone and she does not get upset when I call her on it. She is just always accessible. She is always pleasant. [Case Manager] is always open to talking.

[Case Manager] always gets back to us, wonderful communication. She is always able to answer questions and help us with future housing. She is so good about accessing the system ... Concerns that arise, she always gets back to me very promptly ... Helping him mature and get out on his own has been huge. The transportation has been huge and she has provided a ton of medical services as well ... She is the very best ... [and] she keeps getting better. It is better than a year ago because she is getting to know us better ... Our needs are totally met.

I have been very happy with my services, so I appreciate getting a chance to give feedback.

Family members who had criticisms of the program most often wanted better communication with case managers.

Before we had a different case manager and she was very good. I am judging this one against her. She just seemed more knowledgeable about the systems and she would follow through. Extra work makes him drag his feet ... I can usually get a hold of him; it is the follow through [that is questionable].

There are a few things, like when I [was having a problem and] ... she would finally get back to me and it would never get that far. His old case manager [at another agency] ... would look into things and find ways to do things ... We have even had to call him and ask him questions when [his CSA case manager] didn't know the answer to it ... I think they are doing good, other than the few times I had questions that she did not have the answer to. I don't expect them to be a walking book of knowledge.

I wish there were services but I really don't have the time to go looking for them. And she does not know any that would fit with [Participant]. I am sure she has looked as hard as I have ... One of the biggest problems I had with her was that she would not respond to my emails or phone calls. This was a period back in March that was really rough ... Communication is just really important. She is not a bad case manager. She really is good. I just want an answer when I ask.

Once in a while she will call, but when I try to call her back I cannot ever get a hold of her ... As far as I am concerned, she does not deserve that job. ... I don't know if she is too busy or what, but there is a major problem with communication ... [I'd like] somebody who would return your calls and talk to you and halfway know what they are talking about.

Concerned others offered many suggestions to improve the program; many mentioned specific services they think would benefit their participant.

I think there should be some kind of volunteer program that someone comes up with that helps people with disabilities, or maybe even elderly, figure out technology. A group of retired engineers or students or something who would be available to help set up internet, TV, remotes, computers, cameras, et cetera.

I think the social workers are pretty busy. It would be nicer if they have a lighter caseload, if she could see [Participant] a little more often and spend a little more time with him.

Maybe [they could be] more timely when calling people back.

I would like more support in his reading.

A lot of times they don't quite listen to her like I would like them to listen to her ... I believe her wants and her wishes need to be listened to better than they are.

I think our biggest gripe is that he has to go to the store and get his own groceries and cook. They need to be doing that for him ... I question whether or not he is in the right situation. They think he is smarter than what I think he is.

They contact me too much. Sometimes I wish that they would just handle it [on their own].

It has gotten tougher to accommodate all the things she wants to do from a funding perspective. She used to work at a couple different places and the funding for that became dry or something so now we struggle to keep her occupied.

They could have put him in more classes to teach him. Right now if someone could teach him a skill, like working with wood that he likes, so that he could work at something for the rest of his life.

Our major concern is that our son is old enough to go out and live independently. I could die happy, but we tried [independent living] and it was a disaster. If they could integrate with a group home or something that would be great.

Easter Seals: Improving on last year's results, family and friends of Easter Seals participants were very satisfied with the agency this year. Of 284 points possible, Easter Seals received 273, resulting in an Exceeds Expectations rating. Many family members who were interviewed said they just got a new case manager, but that things are going well so far. Easter Seals case managers are personable, there when you need them, and listen to the whole family. Families appreciated staff who liked their jobs and took a genuine interest in participants.

[Case Manager] is trying to get him a job. He is really looking forward to that and [she] is really good at popping in and seeing him. He asks her questions and she is good at answering ... She sits down and talks with [Participant] ... and tries to work it out with him.

With anything like staff not showing up or [Participant] not feeling comfortable with staff, not only [can I] call but [Participant] can call anytime and get a response ... [Case Manager] has supported [Participant] in every way to be successful away from home,

giving her everything she needs ... I feel respected and they always ask for our input and respect what we say ... I can't tell you how pleased [we are], especially with [Case Manager], how persistent she is. We really don't want to lose her. You know, we never thought [Participant] would ever live away from home and it has been incredible what they have been able to do.

I think she is doing her job. I want to see more but I do know there are limits ... I think [Participant] has the best possible life that I can provide her with now, and Easter Seals and [Case Manager] are a big part of that.

He just likes her. She is really a friend. She pays attention to him even when he is irritating. She listens to what he has to say and really cares about it ... She is attentive and she gets right back to you. She has always been there for me when I have needed her.

[A new case manager] just came in so I don't really know her that well, but she seems like she is going to work out. [Participant] is bashful; he is just that way. After he gets to knowing them he will talk their legs off.

They realized [his school] wasn't the place for him, too big and too loud. So being able to identify that there were other places he could go was instrumental. I had no idea that the school existed where he is now.

She really likes to know about how his services are going for him. She keeps herself informed of any issues with his services. She finds answers to any questions that I have in a timely manner ... [Communication] has actually improved because our first case manager made me feel foolish, like I didn't know what I was talking about. I have known him all my life, but I was treated like an outside person. Our new case manager has done a much better job of keeping me involved ... I have been very satisfied. [Participant] has really done quite a job improving under our [new] case management.

If he is upset about things, his case manager helps him work things out and mediates things between us ... I don't know what you would change because I am so comfortable with them now.

She is fairly new to me ... but I think she is doing a good job ... I have not had a lot of contact with her but she seems to be doing fine with the programs he is already on ... She is punctual and pays attention. If I have any questions, I know that she is there for me.

[Case Manager] has not been the case manager for all that long, but each one of them always seems to show an active interest in [Participant's] well-being ... I think we are pretty well satisfied and pretty happy with the services we get with [Participant], and I think the people who are providing the services are genuine. You can tell they are doing it because they like doing it.

[Participant] likes her, that's a main thing. He has access to call her when he chooses. She is just a person that I like. She is willing to work with me and accept my suggestions and works with [Participant] well ... We were looking for other places [for services] and she was helping us find them. She just always goes the extra step.

Some families were negatively impacted by the turnover and wished for more case manager stability or better training for new case managers.

Excellent for twenty years, but this guy is new ... I don't want to say bad things, but I don't think he is trained as well ... I have had many case managers that were very good, but now I am taking care of things [myself] ... I would like to have a more knowledgeable case manager.

I think that there has been a little lapse in the quality, just by default, because of the change-over. I think everyone has tried. They have appeared open ... The new gal is doing as much catch-up as she can. She is kind of in a no-win situation. I would not criticize her, ... [but we have had] three to four case managers in the past two years.

I did [have good contact] with [previous case manager], but with this new case manager it is lacking. I am not sure if there is just a learning curve.

I am not sure that I would recommend Easter Seals ... The case management problems that Easter Seals have had have impacted [Participant] in a bad way. She has gone through several case managers and they have only seen her about once a year.

Easter Seals families had many criticisms and suggestions to improve the program. Some said they are not receiving the services they need because of decreased funding, but that Easter Seals case managers are doing the best they can. Others wish they could provide services more quickly or offer specific things that would help individual participants.

We have tried to get him a lot of help and services for a while. His behavior has escalated. She is assisting us but there are a lot of waiting lists ... I think ... that it is the case management [that is slow], but you know, [with] the interference of Medicaid and the rules and regulations that change periodically [it is hard to tell]... They are always making cutbacks ... It has played a huge role in trying to get the services needed.

The things she does need, they just can't get. It is not like they wouldn't have; they just can't ... Her job opportunities are being cut; overall ... the services that we are needing are being cut and we are very scared of what might happen to SCL ... We have been with Easter Seals and have been happy. It is just that the funding has changed and the services that were once offered are not anymore.

We have been really trying to tell people that we want to find a place for him. As hard as that will be for us, we need to pursue this ... [I know we] are not the only client someone has, [but] it seems things are going slower than [we] want ... There have been times in

the past that we have called a case manager and not heard back,... [but] it has helped [that there is now a new case manager].

Our biggest problem is keeping [provider agency] staff for [Participant]. [Participant] feels he can't keep staff and everyone leaves him a lot.

I don't even know what Easter Seals provides. We go with [SCL provider] for any services. I don't think they actually provide us with any services.

All they do is come once a month. They do not do a whole lot, but I am sure they are making big money.

We see her once a year, and that is it, at his reviews; otherwise they provide nothing ... I would like to see [Case Manager] do something with Services for the Blind. Des Moines had services and materials for the blind. Also to tell me what services are available.

She tries to get as much help as I ask for ... [but] we can't afford the high calorie diet for him. I told her that and she threatened to call child protective services on me. I just want her to understand that our economy is not the best in the world and things cost money. She should not threaten to call DHS on me when I am doing the best I can do. I am not abusing my children or doing anything wrong. I just wish she would understand that it is hard ... She just needs to think things through before she says something like threatening to call DHS on me.

I am satisfied. I would like to see more ... like moving [Participant] on to independent living. He has been with the program for two years, and we don't seem to be getting any closer to that next step ... I think I need to take steps back and he needs to become more independent [so] ... I would like to see more of a respite care type where they come in and do what I am doing right now. I would like to see a little bit more focused on what he should be doing instead of recreational activities. This is where I need that feedback from the SCL person: showing what goals they really are achieving like helping him with getting groceries. The other thing we are trying to do is get him a job. I am not seeing a work program, and I know that is due to the economy, but I am not seeing very much aggression to find him something to do. I want to see him have a purpose and think of what he needs to do for himself.

I would like to have more staff members. There are some times that [Participant] doesn't get to go out ... because they don't have enough staff. I can understand that, but ... [if] they don't have anybody to take [Participant] and we are sitting here waiting, it would be nice if they would call and say that there would be no one coming.

For them to coordinate a little bit more overlapping between Easter Seals and [employment provider]. The Easter Seals person would not take him to go to the library and look for jobs. That has to be done through the [employment] person and vice-versa. The [employment] people were not assisting him during his break times ... [And he is

working] on tasks he does not seem engaged in doing ... I recommended that they put him in [a previous task] because he loves that. If he does not like something he won't be engaged in it, and I would like to see someone notice that and choose something that he would be engaged in.

I wish more people went to college to help handicapped people. I don't know if [Easter Seals case managers] know everything that they need to know about people with MR or any other handicap. I kind of wish everybody got paid more since these are government-funded people. I don't think they are paid enough so they are not getting qualified enough people ... [Our case manager] has not actively come out and told me what [Participant] is entitled to. I have to ask [her] about stuff, but when I do ask she tells me.

She has to travel out of Polk County to meet with us so that is not working. I would like to have a case manager in [our] county. That would be nice.

Golden Circle: Improving on last year's results, Golden Circle participants' family and friends reported being very satisfied with the agency this year. Of 164 points possible, Golden Circle received 155, resulting in an Exceeds Expectations rating. In interviews, family members say that Golden Circle case managers provide services and caring support that allow participants to live their best lives. Families had great respect for the way case managers work well with even the most challenging participants, and many family members say participants would be homeless or in an institution without the program.

Case workers have changed [but] even the transfer has gone fine. We have never had any problems with the staff. They are always on top of it; they are very recommended ... I am totally satisfied ... It is awesome, no complaints ever. They are angels.

The ability to participate in productive work and be compensated for it, like an ordinary person, the ability to socialize, and the ability to receive training in the correct way to socialize [help her]. She is treated with respect. They are caring people. They care about her ... [Case Manager] is kind of exceptional.

They are available to him [for] everything that he needs ... His life has changed. He has moved into his own apartment and Golden Circle has helped facilitate that ... You know I have really no complaints or suggestions about them. They do an excellent job. I am just really impressed with them ... Golden Circle provides a very valuable service and I have seen their workers go to great lengths to help the people that they serve. They are very dedicated workers.

Just the fact that she is able to do what she is doing now: supported living, and her job, a life outside of the family -- that is what we looked at. We want her to have a fulfilling life too. They have allowed us and [Participant] to be able to do that.

If I wasn't involved and her case manager [wasn't involved], I am sure [Participant] would have to be institutionalized, which would be very sad.

In the past, [they] have just been there for us in crisis times and supported us in getting the services that have now increased the quality of [Participant's] life. Without them she would not have the stability that she has right now. She would be homeless and on the street without the help we have had in the past.

[Participant] is not an easy person to work with: seriously mentally ill, on and off medication. But [Case Manager] knows how to work with him and does everything she can to help provide him the best life ... She is perfect ... She probably has my phone number memorized.

[Case Manager] is just a super person ... [She] has always kept me informed and is just wonderful. If it wasn't for her, I don't know where [Participant] would be ... She found a house for [Participant] ... And [Case Manager] got in with [an employment provider] and got [Participant] in and her SSDI. It just worked out beautiful [and her case manager] was a big part of that ... It has been a long haul, but other than that, [Case Manager] is great. [She] is underpaid and overworked ... [and yet] every time I talk with her, she does not rush the conversation. She takes her time. She is very thorough and she really cares about [Participant]. I can sense that. She is an outstanding worker. I could not do her job.

Some concerned others were not familiar with the services Golden Circle provides or wished case managers would lay out all the services a participant qualifies for rather than waiting for families to ask. Others wanted more contact from case managers, especially when there is a new case manager. Some noted that turnover in case managers or other staff was a problem.

I just haven't had much contact with her as I have had with a couple others in the past ... I don't know every single thing that would be available to her ... In the past I have had more contact with other case managers so I would still recommend them.

I have to admit that I am not overly acquainted with Golden Circle. I don't really know one from the other, so it would be hard for me to answer that.

[They seem to] have less awareness and less contact, but that might be a change in case management ... It was a long time until we heard she had a new case manager ... I have never met this person, and I may never meet her until next [fall] ... She has never contacted me, unless it is to sign a paper.

I think [they have contacted me] a couple times and every time they change case workers, and that is often. That is why I never get to know them probably. And when I had to choose an agency they gave me a whole list of names but that did not mean beans to me and I didn't ever work with these agencies ... I do wish I knew what they do. I am sure they don't do it for nothing. I am sure they are looking out for him; I just don't know how.

A little more contact with me would probably be better ... It would have been better if they had talked to me. [It] would not have been such a surprise about some things [if they had].

When he gets a caseworker it would be nice if they could keep the same people ... [And] it is just kind of hard to find a fit for him [for SCL], and usually when they find a worker that's good for him they move on somewhere else.

I would like to have more information, everything that is out there, whether your child can do it or is eligible, I think everyone should know what is out there. I know there are things [Participant] is not getting but is eligible for, for example busing, transportation. She was on a list but then didn't know she came up and lost her transportation. Their name comes up and their case managers are in the middle of transition and they are suffering for it ... I don't know if there is more out there that I don't know about.

Basically we see case management once a year at the annual meeting. The previous case management was helpful and brainstormed with us, but nobody says, 'Here is a service you might be interested in' ... They work with us, but as far as, 'Here is a new service you would like to try,' no.

Families had some additional suggestions to improve the program:

As his legal guardian, it is hard for me to understand paperwork or [why] it goes directly to him. If it sits around, he could fall through the cracks.

As an industry on a whole, I am very frustrated with it. Staff come and go so quickly, [and] they don't have the proper training on things like diabetes ... Can Golden Circle do anything about providing training for diabetes? If they can that would be wonderful to improve some of his life-style skills.

[I would like] more input from our daughter in writing: yearly input, much more intention in coordinating her services with her shelter so she has more input to which goals she would like to work on and achieve, more goals.

I kind of don't like that there is not an on-call person for after hours. But when she is there she is available.

Link: Consistent with last year's results, family and friends of Link participants reported being very satisfied with the agency this year. Of 220 points possible, Link received 212 points, resulting in an Exceeds Expectations rating. Families described Link case managers as responsive and on top of things. They appreciated the genuine care and concern case managers have for participants, the way they get to know them personally, and the services they can tailor to their individual needs.

When we are trying to work through something, she really gets on the ball and tries to help ... Yes, I want to keep her. If I could move her up here [where we live] I would ... She is damn good.

[Case Manager] has a very good rapport with [Participant]. [She] is very patient and very soft spoken and [Participant] likes that and therefore [Case Manager] can get things out of her that maybe even I can't.

I asked her if she would help him learn how to ride buses and she was on it, and within a week it was happening. I asked her if he could get to the library so he could use computers, and I asked if she could help him talk with people at the store, and through the work he now knows how to do those things ... She not only conferred with me but she then would sit down and go over things with him ... I just find her very personable. She is willing to go the extra mile to help out with anything.

The two case managers that I have had through Link have both been very caring, knowledgeable, easy to access. They cared very much about [Participant's] needs being met and ... they respected her and they have both been very wonderful.

Oh yes, I would recommend [Case Manager]. Without her none of this would happen ... We feel really blessed to have [her] ... In the last year it has changed really good. If it wasn't for [Case Manager] helping with everything, like the roommate list, being at the meetings to help me get through the transition of [Participant] moving into this new house. She is working every day now, which she was not. She is doing so much better ... I am so grateful. And I know [Participant] is because she is so happy now ... I always knew it was a good program, but [Case Manager] just really stood up and took everything on to help us out ... Just if you talk to [Case Manager], tell her thank you. We are just so happy.

She is responsive. She is easy to get a hold of. She knows [Participant]. That is as important as anything. She knows what he likes and does not like and she is creative in finding solutions to problems. She is knowledgeable. She is well-trained and she knows what she is doing ... Most people would not have enough knowledge about services available and alternatives. A good case manager knows the choices and is willing to mix and match the consumer to the services ... They have all kinds of things that give him an interesting life, not just a maintained life.

She is always available and she has become my friend. I can always trust her. She always has an answer and helps as much as she can ... She is wonderful. I have told her to never quit her job.

They are there whenever you need them, and they know their stuff ... I hope she does not go anywhere. She is down to earth and compassionate and an overall good person ... They are good people, even her drivers.

I think that because they listen to her first, and me as a back-up, it makes her feel that she is in control of her life. They are just good. There is so much respect there and they are so focused on client-patient rights.

We have been with Link ever since [Participant] has been identified [as having a disability] and I can't say enough about how they work and how they treat her: very well. If I am aggravated or see a problem, they are right there and we work it out. I can't think of a place I would rather be than Link.

One parent felt strongly that there needs to be a program for individuals with autism. Another felt that the participant would not be in jail if someone had listened to her about his escalating behavior.

I feel that there are no services for my daughter. I feel like she is going to fall through the cracks. There are none that are appropriate for her, probably because of budget cutbacks. They need to design more programs with autism. Kids with autism don't fit in the category of other mental retardation. They are two different categories ... What they really need, they have it in [another state], they have a school program that they work on their goals. If it is education goals, they work on that. My daughter needs to work on goals, not just occupy her time [at provider] working on puzzles. There is nothing there [at provider]; they need better programs to work with autism. They need to have programs that are educational even when they are not in school anymore ... They need to give more hours to the more needy.... Some clients need more hours and others don't.

[Participant] has times that he would go off on me and I couldn't do anything with him. He would swear at me, throw things; I mean really lose it. And I have talked to [Case Manager] many times about things and I don't feel like anyone listens to me. I feel like I talked to the wall. I knew what was going on, and they didn't, and they wouldn't listen to what I had to say ... I feel like if they had listened me, they would have been moving on some of these things and he would not be in the boat he is in now ... This is not fair for [Participant]. If they cared about [Participant] why won't they listen to me? I have raised this child from a little kid. They didn't do the right thing for this little boy and now he is sitting in jail.

Some other family members made suggestions to improve the program:

Try to get more men involved in it.

Maybe a better salary would provide incentive for good workers to stay.

I would like to see if she could get a little employment in the community [and] ... sometimes I would like her to have a little more help with things, but she is getting pretty much the help that she needs ... [because] she relies on me a lot. She knows if there are problems I will talk with the staff.

I would like to have a break every once and a while ... [but] can't have respite with that [funding]. What I don't understand about the government: if I had chosen to put her in a group home, it would have cost them thousands and since I kept her at home they don't give me a lot.

ACCESS TO SOMATIC CARE

Outcome: Individuals supported will be linked to a health care provider for somatic care.

The intent of this outcome is to ensure that individuals have accessible and affordable health care. This outcome is measured as the percentage of program participants having documentation supporting involvement with a physician. Each participant's file has a value of one point with a point deducted for lack of supporting documentation being present in the file.

Someone is linked to somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if the individual sees a doctor for a physical illness. The independent evaluator also discussed somatic care with program participants and family members during interviews.

Goal	Rating	Points
100%	Exceeds Expectations	4
95% – 99%	Meets Expectations	3
90% – 94%	Needs Improvement	2
Below 90%	Does Not Meet Minimum Expectations	1

Access to Somatic Care

Organization	Reported 2010	Score 2010	Reported 2011	Adjusted Per File Review	Score 2011
BMC	100%	4	100%		4
ChildServe	96%	3	96%		3
CSA	99%	3	100%		4
Easter Seals	91%	2	95%		3
Golden Circle	100%	4	100%		4
Link	91%	2	93%	85%	1
System Average	96%	3	97%		3

General Comments: The Case Management system performed well on this outcome measure. Five of the six agencies met or exceeded expectations for this outcome this year, and the system average remained stable. Link continues to be challenged by both this outcome area and documentation. Of 33 files reviewed, sufficient documentation in three was not found to support the criteria. Therefore, the agency's reported results were adjusted per the file review, resulting in a Does Not Meet Minimum Expectations rating.

COMMUNITY INCLUSION

Outcome: Individuals supported will participate and contribute to the life of their community.

People with disabilities spend significantly less time outside the home, socializing and going out, than people without disabilities. They tend to feel more isolated and participate in fewer community activities than their non-disabled counterparts. [Source: The National Organization on Disability (N.O.D.)]. The intent of this outcome is to remove barriers to community inclusion activities so people with disabilities can participate with non-disabled people in community activities of their choice and become a part of the community.

Community inclusion activities are grouped into three main categories: spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). An activity meets the definition if it is community-based and not sponsored by a provider agency, person-directed, and integrated. Individuals can participate in activities by themselves, with friends, support staff persons, or with natural supports. Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area. The evaluator also verifies community activities through file reviews. Ongoing involvement is defined by involvement in any one category area three times.

Goal	Rating	Points
95% – 100%	Exceeds Expectations	4
80% – 94%	Meets Expectations	3
50% – 79%	Needs Improvement	2
Below 50%	Does Not Meet Minimum Expectations	1

Community Inclusion

Organization	Adjusted 2010	Score 2010	Reported 2011	Score 2011
BMC	62%	3	64%	2
ChildServe	89%	3	90%	3
CSA	90%	4	90%	3
Easter Seals	77%	3	89%	3
Golden Circle	48%	2	45%	1
Link	72%	3	77%	2
System Average	76%	3	78%	2

General Comments: This year, targets for Community Inclusion were increased. Although the system average increased slightly from 76% last year to 78% this year, the system was challenged to meet the new targets. Three of the six agencies met expectations. The other three agencies were challenged to meet the new targets.

Case Management participants were involved in a wide variety of community activities. Many attended church, participated in bible study groups, or sang in their church choir. Others

attended community events, local festivals, or community holiday celebrations. Some visited local attractions or visited attractions while on vacation. Sporting events were also popular, including both professional, school or community events. Some participated in sporting events, such as bowling, school sports, or playing basketball at the YMCA. Some participants volunteered in the community. Others attended support groups. A list of examples of community inclusion activities that participants at the agencies have been participating in this year is included as Appendix D of the report.

NEGATIVE DISENROLLMENT

Outcome: The agency will not negatively disenroll individuals qualifying for the program.

The intent of this outcome is for the agencies to develop trusting and meaningful relationships with their participants to ensure continuity of care and avoid people with disabilities falling through the cracks because they are too difficult or too expensive for the agency to assist. This outcome is measured by the percentage of individuals who were negatively disenrolled.

Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments occur when an individual refuses to participate, is displeased with services, is discharged to prison for greater than 6 months, or when the agency initiates discharge. Neutral disenrollments occur when the individual no longer needs services or is no longer eligible, leaves Polk County, dies, has a change in level of care, or is incarcerated due to activity prior to enrollment.

Goal	Rating	Points
0% – .99%	Exceeds Expectations	4
1% – 2.99%	Meets Expectations	3
3% – 4.99%	Needs Improvement	2
Above 4%	Does Not Meet Minimum Expectations	1

Negative Disenrollment

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	1.09%	3	1.63%	3
ChildServe	0.00%	4	0.64%	4
CSA	0.25%	4	0.71%	4
Easter Seals	1.83%	3	1.79%	3
Golden Circle	0.68%	4	2.09%	3
Link	0.64%	4	0.89%	4
System Average	0.79%	4	1.23%	3

General Comments: All agencies met or exceeded expectations for this outcome area this year.

PSYCHIATRIC HOSPITALIZATIONS

Outcome: Reduce the number of psychiatric hospital days.

The intent of this outcome is to provide adequate supports in the community so that people can receive community-based services. It is measured as the average number of hospital days per individual per year. A hospital day is defined as the number of nights spent hospitalized.

Goal	Rating	Points
0 – 1.99 days	Exceeds Expectations	4
2 – 3.49 days	Meets Expectations	3
3.5 – 4.49 days	Needs Improvement	2
4.5 + days	Does Not Meet Minimum Expectations	1

Psychiatric Bed Days

Organization	Reported 2010	Score 2010	Reported 2011	Adjusted Per File Review	Score 2011
BMC	2.81	3	3.42	3.74	2
ChildServe	0.17	4	0.00		4
CSA	1.56	4	1.73		4
Easter Seals	1.58	4	1.01		4
Golden Circle	2.60	3	2.59		3
Link	0.23	4	0.14		4
System Average	1.70	4	1.65		4

General Comments: The system average of days in the psychiatric hospital decreased slightly from just over 1.70 days per participant last year to 1.65 per participant this year, with five of the six agencies meeting or exceeding expectations. BMC was challenged by documentation for this outcome. Of 32 files reviewed, documentation in three files indicated psychiatric hospitalization information that was inconsistent with that entered in the PolkMIS electronic system. Therefore, the agency's reported results were adjusted per the file review, resulting in a Needs Improvement rating.

EMERGENCY ROOM VISITS

Outcome: Reduce the number of emergency room visits for psychiatric purposes (as well as track unduplicated count of participants).

The intent of this outcome is to provide adequate supports in the community so people can receive community-based services and do not need to access psychiatric care through the emergency room (ER). The outcome is measured as the average number of emergency room

visits per individual per year. An emergency room visit is measured by the number of times the individual goes to the emergency room, is observed, and returned home without being admitted.

Goal	Rating	Points
0 – 0.05 visits	Exceeds Expectations	4
0.06 – 0.10 visits	Meets Expectations	3
0.11 – 0.15 visits	Needs Improvement	2
0.16 + visits	Does Not Meet Minimum Expectations	1

Emergency Room Visits

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	0.01	4	0.01	4
ChildServe	0.00	4	0.00	4
CSA	0.05	4	0.03	4
Easter Seals	0.00	4	0.01	4
Golden Circle	0.00	4	0.04	4
Link	0.00	4	0.07	3
System Average	0.01	4	0.03	4

General Comments: Consistent with previous years, the case management system continues to excel in maintaining low frequencies of emergency room visits for psychiatric assistance. All agencies were able to maintain low rates of emergency room use, meeting or exceeding expectations. Many of the agencies attribute their success in this area to the mobile crisis team which can intervene and distribute medication to program participants who are experiencing mental health symptoms.

IMPROVE QUALITY OF LIFE

Outcome: Increase participant satisfaction with housing, employment, education, and recreation/leisure activities.

The Quality of Life outcome is based on the participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities. Individuals are asked seven questions. A point is awarded for each question for which the individual reports being satisfied (i.e., agrees with the question). Occasionally, individuals chose not to respond to all questions. An agency's score is based on the percentage of points achieved out of the total possible points for the agency.

Goal	Rating	Points
90% – 100%	Exceeds Expectations	4
85% – 89%	Meets Expectations	3
80% – 84%	Needs Improvement	2
Below 80%	Does Not Meet Minimum Expectations	1

Quality of Life

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	77%	1	89%	3
ChildServe	NA	NA	NA	NA
CSA	96%	4	93%	4
Easter Seals	90%	4	92%	4
Golden Circle	92%	4	89%	3
Link	91%	4	88%	3
System Average	90%	4	90%	4

General Comments: This is the third year for the Quality of Life outcome. Consistent with last year's results, the system average remained stable at 90%. All agencies met or exceeded expectations for this outcome area this year.

BMC: BMC demonstrated improvement on this outcome measure this year, with participants reporting satisfaction with the quality of their lives. Of 174 points possible, BMC received 154, resulting in a Meets Expectations rating. Broadlawns participants noted improvements since they started the program:

She has helped me be independent by myself because I wasn't before.

She has helped me to be able to stand up for myself, to strengthen my backbone ... She has helped me stand on my own two feet.

She encourages me to do new things or things that are hard for me.

I calm down and relax and analyze what the actual problem is instead of just reacting ... She makes sure that I am not drinking and doing drugs and [that I'm] making smart decisions.

Some participants still struggle in social situations, while others are making progress by confronting their fears.

I really don't have social situations too much.

I hate being around a lot of people.

No [improvement] because I am anti-social and it takes a lot for me to be social.

I am working on [social situations]. It is a day-to-day struggle, but I am getting better.

Before the program I was very afraid of people. I am more outgoing ... I have a more positive attitude.

[Being in social situations] gets better every day.

For some participants, family has never been a problem; for others it is the problem. Sometimes services can ease family tensions.

I always got along well with my family.

I have been getting along with my family for years.

I have had to distance myself from my family because my family was a lot of my problems.

Since Broadlawns has helped me with school and stuff, and get a plan together with my life, I find that it is easier to communicate with my family, especially my parents.

ChildServe: The majority of ChildServe participants are minors. Therefore, they are not interviewed and the program is not scored on this outcome area.

CSA: CSA participants reported being very satisfied with the quality of their lives this year. Of 229 points possible, CSA received 214 points, resulting in an Exceeds Expectations rating. CSA participants report positive changes since starting the program:

The program itself taught me how to get away from trouble and gave me time to think about it instead of staying there fighting and stuff.

She has just been able to listen to what my problems are and come to some type of conclusion.

They encourage me when I have a problem and I talk with them about it and they help me out quite a bit.

While some participants have found socializing easier since entering the program, others find it as easy, or as difficult, as it has always been for them.

I used to be really shy and I can talk a lot better [and] get out in the public a lot more than I used to. She has given me tips to get over depression.

I was an outgoing person before I entered the program, or at least I tried to be ... I try to do stuff on my own besides working with them.

I am a shy person and I stay by myself. [My social life] is better [to a] certain extent, but it probably will not get any better .

Many respondents reported that they have good relationships with their family.

I have always gotten along with family. They are my biggest support system.

Easter Seals: Easter Seals participants reported being very satisfied with their quality of life. Of 276 points possible, Easter Seals received 253 points, resulting in an Exceeds Expectations rating. Easter Seals participants noted improvements in their quality of life since starting the program. Several said family has always been supportive.

I handle the seizures a bit better.

I am taking more control. I am making more of my own decisions.

I deal with [daily problems] the best I can, and if I have trouble we sit down and talk about it.

They get you out in the community more. You get to do things. You get to work on goals.

I do not get so angry anymore.

I am independent more.

I got along with family anyway. I am a very family-oriented person.

Golden Circle: Golden Circle participants reported being satisfied with the quality of their lives this year. Of 168 points possible, Golden Circle received 149 points, resulting in a Meets Expectations rating. Participants report that case managers help them develop coping skills to use in crisis and with everyday problems and act as important supports.

She helped me keep my morale and my head up and she helped me control my feelings [when I was in crisis].

They may point out what my problem is as the bottom line, but [they] do not yell or scream or cuss ... She believes that I can change. She has taught me the importance of [being] trustworthy.

We talk about my life situations and she gives me good feedback and helps me with things I am going through ... I have a stronger support system, including [Case Manager] and all the other organizations that support me.

[I am] doing better at not lashing out at people and telling [them] how I feel.

Many participants were working on being more comfortable in social situations. For some, it is a long and on-going struggle.

I am still a little bit of a hermit, but that is my choice. I can go out when I have to. I prefer to just stay at home alone rather than dealing with the public.

I used to be agoraphobic. I can come out of my room now ... They helped with coping skills at the very beginning when I started going there ... I think, in all aspects, I have improved.

[I] still have boundary problems and sometimes act immaturely, so [social situations are] so-so.

[My social life is a] little bit better; it is getting there. I was a loner-type my whole life, so this has helped me get better used to community-type stuff.

[I'm] not scared to go out anymore.

Before I would not even consider being around people, unless it was a doctor or something. I still need to learn more about speaking and social skills. Sometimes I do not feel human still, do not know what to do.

Some participants don't have close family; others are improving relationships with the help of the program.

I do not have any family living anymore.

I do not have much family. I don't really have anybody. I don't have a girlfriend and I have no kids.

I have always gotten along with my family.

It has gotten a lot better with my mom.

[I am] dealing with family now and the program is helping.

I have had my ups and downs since entering the program, but the program always helps me get back on my feet. The program helps me reach out to my family. [Case Manager] has met with my parents and they really like her and appreciate [her].

Link: Link participants reported being satisfied with their quality of life. Of 206 points possible, Link received 181 points, resulting in a Meets Expectations rating. Some Link participants reported that they handle problems on their own. A few gave specific examples of how the program has helped improve their quality of life.

I can be more mature and not do anything too drastic and reckless stunts or endanger my life or anything.

[Case Manager] helps me not get mad at other workers ... When someone makes me mad I can talk to [her]. She says, 'Cool off.'

I could [control my life] before.

I do all those things [like handling problems] on my own.

It is easier [to handle problems] with him around.

Although a few reported issues with their family, most participants stated that they get along fine with family.

I do not deal with family.

We are getting along fine.

I actually have always gotten along with my family.

ADMINISTRATIVE OUTCOMES COLLAPSED

Outcome: Annually at the time of the participant's plan review (staffing), agency staff members should complete a level of functioning assessment. Additionally, Case Management agencies will accurately authorize services to ensure timely provider payment. For purposes of this evaluation, these outcomes are collapsed into a single score.

Goal	Rating	Points
97% – 100%	Exceeds Expectations	4
93% – 96%	Meets Expectations	3
89% – 92%	Needs Improvement	2
Below 89%	Does Not Meet Minimum Expectations	1

Administrative Outcomes

Organization	Reported 2010	Score 2010	Reported 2011	Score 2011
BMC	100%	4	99%	4
ChildServe	100%	4	99%	4
CSA	99%	4	99%	4
Easter Seals	99%	4	98%	4
Golden Circle	100%	4	99%	4
Link	100%	4	99%	4
System Average	99%	4	99%	4

General Comments: The administrative outcomes are process outcomes and results are the direct result of the case management agencies' efforts. As with last year, all agencies were diligent in completing level of support assessment and service authorizations, exceeding expectations for this outcome. Although level of functioning assessment completion and service authorizations are combined into one outcome, the reported results in the two categories are provided here to explain the basis of the final score.

Level of Support Assessment: Annually at the time of the participant's plan review (staffing), agency staff complete a level of support assessment. The assessment is used for program planning and evaluation; secondary transition testing; eligibility determination for service; reporting progress; and for use in funding reports.

Organization	Reported 2010	Reported 2011
BMC	100%	100%
ChildServe	100%	100%
CSA	100%	100%
Easter Seals	99%	100%
Golden Circle	100%	100%
Link	100%	98%
System Average	100%	100%

Service Authorization Accuracy: The expectation is that service authorizations are entered into the Polk County data system by the last day of the billing month.

Organization	Reported 2010	Reported 2011
BMC	99%	98%
ChildServe	100%	99%
CSA	98%	98%
Easter Seals	99%	96%
Golden Circle	99%	99%
Link	99%	99%
System Average	99%	98%

2011 PROGRAM PERFORMANCE TABLES

2011 Summary of Program Performance - Scores

88% – 100% Exceeds Expectations

75% – 87% Meets Expectations

63% – 74% Needs Improvement

Below 63% Does Not Meet Minimum Expectations

Outcome	BMC	Child Serve	CSA	Easter Seals	Golden Circle	Link	Avg.
Community Housing	4	4	3	4	3	2	4
Homelessness	3	4	4	4	4	4	4
Criminal Justice	1	4	4	3	3	4	3
Employment – Working at Self-Sufficiency	1	NA	1	1	1	2	1
Employment – Total Working Toward Self-Sufficiency	1	NA	3	3	3	3	3
Adult Education	3	4	3	2	2	2	3
CM Involvement in Child Education	NA	2	4	4	NA	3	2
Education - Transition	NA	4	4	4	NA	4	4
Participant Satisfaction	3	NA	4	4	3	4	4
Empowerment	4	4	4	2	1	4	3
Concerned Other Satisfaction	3	4	3	4	4	4	4
Somatic Care	4	3	4	3	4	1	3
Community Inclusion	2	3	3	3	1	2	2
Negative Disenrollment	3	4	4	3	3	4	3
Hospital Bed Days	2	4	4	4	3	4	4
ER Room Visits	4	4	4	4	4	3	4
Quality of Life	3	NA	4	4	3	3	4
Administrative Areas	4	4	4	4	4	4	4
Total Score	45	52	64	60	46	57	59
Points Possible	64	56	72	72	64	72	72
Overall Percentage	70%	93%	89%	83%	72%	79%	82%

2011 Program Percentages

Total	BMC	Child- Serve	CSA	Easter Seals	Golden Circle	Link	Avg.
2010 Score	48	56	68	56	48	67	64
2011 Score	45	52	64	60	46	57	59
2010 Percentage	75%	93%	89%	74%	75%	88%	84%
2011 Percentage	70%	93%	89%	83%	72%	79%	82%

Outcome	BMC	Child Serve	CSA	Easter Seals	Golden Circle	Link	Avg.
Community Housing	80%	96%	78%	86%	71%*	65%	81%
Homelessness	1.00	0.00	0.03	0.00	0.35	0.03	0.25
Criminal Justice	4.19	0.00	0.99	1.71	2.03	0.41	1.77
Employment – Working At Self-Sufficiency	4%	NA	6%	10%	10%*	12%	9%
Employment – Working Toward Self-Sufficiency	9%	NA	23%	21%	22%*	30%	22%
Adult Education	20%	95%	28%	17%	16%	17%	23%
CM Involvement in Child Education	NA	85%	97%	99%	NA	91%	89%
Child Transition Activities	NA	100%	98%	100%	NA	100%	98%
Participant Satisfaction	94%	NA	95%	96%	93%	95%	95%
Empowerment	97%	100%	100%	89%	64%	100%	92%
Concerned Other Satisfaction	93%	99%	92%	96%	95%	96%	95%
Somatic Care	100%	96%	100%	95%	100%	85%*	97%
Community Inclusion	64%	90%	90%	89%	45%	77%	78%
Negative Disenrollment	1.63%	0.64%	0.71%	1.79%	2.09%	0.89%	1.23%
Hospital Bed Days	3.74*	0.00	1.73	1.01	2.59	0.14	1.65
ER Room Visits	0.01	0.00	0.03	0.01	0.04	0.07	0.03
Quality of Life	89%	NA	93%	92%	89%	88%	90%
Administrative Areas	99%	99%	99%	98%	99%	99%	99%

*** Adjusted per file review results.**

INDIVIDUAL AGENCY SUMMARIES

BMC

Overall, the BMC Case Management program scored in the needs improvement category this year. The program met or exceeded expectations in 11 of the 16 outcome areas. The program exceeded expectations in Community Housing, Participant Empowerment, Somatic Care, Emergency Room Visits, and Administrative Outcomes. The program met expectations for Homelessness, Adult Education, Participant Satisfaction, Concerned Other Satisfaction, Negative Disenrollments, and Quality of Life. The program was challenged in the areas of Involvement in Criminal Justice, Employment-Working At Self-Sufficiency, Employment-Total Working Toward Self-Sufficiency, and Psychiatric Hospitalizations.

BMC continues to excel in supporting participants' housing with 80% meeting all community living criteria. The agency developed a checklist, but found documentation a learning process throughout the year. They are able to support individuals in community living by assisting with applications for and maintenance of Section 8 housing subsidies. The agency reported a small increase in homelessness, which it reports is the result of two participants who were homeless on and off throughout the year either by choice or as the result of mental health issues and medication non-compliance.

BMC maintained high Participant and Concerned Other satisfaction. The agency reports that the program grew this year, adding three new case managers which resulted in some shifting of caseloads. When case managers change, it takes time to establish new relationships with participants and families. Overwhelmingly, participants and families alike said they liked case managers personally and found the services they provide invaluable. BMC continues to reach out to families both through their newsletter and through quarterly family nights.

The agency continues to be successful in supporting individuals to receive somatic care. This is the fifth year in succession that all BMC Case Management participants have received somatic care.

The agency reported improvement for the Quality of Life outcome. This year, 89% of participants were satisfied with their quality of life. Participants credited case managers with helping them develop coping skills and deal with stressors. While some had improvements with family relationships, others said family was the source of their problems.

Both employment outcomes were challenging areas for BMC this year. The agency reports that a lack of providers is an ongoing issue, although the biggest challenge is working with participants to meet more basic needs before they are ready to pursue employment. Case managers do not provide direct services. They can only encourage individuals to look for employment, a challenge when these individuals are focused on necessities such as mental health stabilization, housing, and food stamps. The agency reports that once participants are stabilized, they often leave the case management program. Last year, BMC began serving more transition-aged youth. The agency reports that these younger participants are motivated to work, and the agency anticipates their employment outcomes may improve in coming years. The agency was

also successful in supporting participants to pursue Adult Education opportunities. The agency reports that many of the transition age youth are interested in education. These participants were involved in skills trainings, pursuing GEDs or taking classes at DMACC.

Although BMC reported a decrease in jail days, this is still a challenging area for the program. The program reports that results are due to many participants with brief jail stays. The program credits the short duration of most stays to their work with the Jail Diversion program. They look forward to working with the new Forensic Integrated Services Team beginning this fall.

Psychiatric hospitalizations were another challenging area this year. The agency reports that the majority of days were attributable to a single individual who has been hospitalized since October. The agency also reports that many of its new participants are referrals from a psychiatric hospital, and it takes awhile for these individuals to become stabilized and to get services in place to help them maintain that stability.

This year, more BMC participants met the definition for community inclusion, but because targets were raised, their score decreased to the Needs Improvement range. Case managers have been working with providers, encouraging them to provide one on one support so that individuals new to community participation can pursue activities of interest to them. They plan on starting this push earlier this year in hopes of improving the number of participants active in their communities.

While performance for the BMC case management program this year fell in the scoring range of needs improvement; they were able to grow their program while maintaining high participant and concerned other satisfaction, high participant empowerment and quality of life, and complete somatic care. In the coming year, I feel confident that they can meet the challenge to return to providing excellent services.

ChildServe

The *ChildServe* program exceeded expectations this year. The program exceeded expectations in 11 of 14 outcomes and met expectations in an additional 2 of 14 outcome areas. The agency exceeded expectations in Community Housing, Homelessness, Criminal Justice, Adult Education, Child Transition Activities, Participant Empowerment, Concerned Other Satisfaction, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits and Administrative Outcomes. The program met expectations in Somatic Care and Community Inclusion. The program was challenged in the area of Case Management Involvement in Child Education.

ChildServe was successful in supporting individuals under the new Community Housing outcome, with 96% of participants meeting all outcome criteria. This outcome replaced both Adult Housing Acquisition and Child Housing for the agency. The agency reports that it still discusses leases with families of adult participants who receive SSI, and that the new affordability criteria – that a participant spend 40% or less of their income on housing – actually helps because it frames the conversation in terms of affordability for the participant. The agency has developed a housing checklist. The agency reports that a significant challenge for them is completing checklist each time the family moves. *ChildServe* plans on incorporating a community housing review into their annual meetings. While the vast majority of participants met criteria, those who did not were most often adult participants who were contributing slightly more than 40% of their income toward housing.

This year, all of *ChildServe*'s adult participants were still completing high school, thus meeting the Adult Education criteria. Although the agency is not scored on employment, many participants are employed as part of their transition activities, most commonly in the 5 to 19 hour per week range. The agency reports that over the years, parent expectations have shifted and parents now expect that their children will hold jobs in the community when they become adults.

ChildServe continues to be successful in encouraging and supporting transition activities. All eligible participants completed at least three transition activities this year. The agency sets up a wide range of transition activities, including SCL services for eventual adult independent living, exploration of independent housing, and securing needed adaptive equipment.

For the third year in succession, *ChildServe* received a 99% score on Concerned Other satisfaction. Parents appreciate the wealth of information case managers provide, their openness to listening to families' concerns, the time they devote getting to know participants and relate to them as individuals, and the many ways they work to support the whole family. One respondent summed it up by saying, "My life would not be normal without *ChildServe* and neither would his."

This year *ChildServe* continued its internal satisfaction survey, focusing on new families and those who had been discharged. In the past the agency sent all satisfaction surveys out in April; this year they sent the surveys in the quarter after the participant's goal meeting for new families, and in the quarter after discharge for families leaving the program. This new timing of surveys provided feedback throughout the year and resulted in a better response rate. The agency's

internal satisfaction survey reported that a couple families were having challenges transitioning to new agencies. ChildServe was able to work with the new agency and the families to develop better communication between the guardians and the new agency. This collaboration helped ease the transition from ChildServe services, where the parent is the primary contact, to the adult system, where the participant is the primary contact.

As planned last year, ChildServe implemented a more formal complaint procedure this year. While they were able to resolve most of the few complaints that they received, a couple individuals transferred to other agencies. While Negative Disenrollments are new to ChildServe, the agency is pleased that parents are comfortable voicing their concerns. ChildServe also appreciates flexibility on when to transfer adult participants. By evaluating each case on an individual basis, they can plan for the optimum time to make a gentle transition to adult services.

While the program did not experience any turnover in case managers this year, they did bring back two previous employees to cover for the five maternity leaves during the year. They also lost both their supervisors to promotions within the agency this spring. This created an opportunity for them to restructure, and they are in the process of hiring a Team Leader to assist the new supervisors. If all goes well, a second Team Leader will be added in the coming year. The director reports that these positions will help maintain and improve support for staff. The agency is particularly pleased that one of the new supervisors has experience with the growing brain injury population.

ChildServe was less successful in the Involvement in Child Education outcome this year, with performance decreasing from 87% last year to 85% this year. In part, the agency struggles with relying on teachers and parents to inform them of school meetings, and scheduling challenges when school meetings for multiple children are scheduled at the same time. Case managers are a valuable presence in the schools. File reviews indicate that case managers introduce themselves to teachers early in the year and visit students frequently in school, when possible. In interviews, many parents said they appreciated ChildServe's support in the school and at school meetings, particularly because such involvement allows for continuity of goals and creates a team to serve the whole child. Ironically, although parents report that they appreciate the support of their case managers, the agency reports that parents do not always apprise them of school meetings. ChildServe case managers have started to track the month of each child's IEP in order to reach out to parents and teachers sufficiently in advance of the expected meeting schedule so that the parents and teachers will remember to include them. Barriers this year included five case managers who were on maternity leave from December through June, when most meetings occur. Although there was adequate coverage, some families opted not to invite the case manager who was filling in. Also, schools sent some IEPs home for parental approval and did not schedule a meeting at all. ChildServe will continue to reach out to parents and schools in hopes of improving attendance at these meetings, but the main goal for the agency is to continue a meaningful presence in schools.

ChildServe had another outstanding year this year. Despite restructuring and other challenges, the agency is poised to continue its excellent service to children and families in the coming year.

CSA

CSA exceeded expectations this year, meeting or exceeding in 17 of the 18 outcome areas. CSA exceeded expectations in the areas of Homelessness, Criminal Justice, Case Management Involvement in Child Education, Education Transition Activities, Participant Satisfaction, Participant Empowerment, Somatic Care, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits, Quality of Life, and Administrative Outcomes. The agency met expectations in the areas of Employment – Total Working Toward Self-Sufficiency, Community Housing, Adult Education, Concerned Other Satisfaction, and Community Inclusion. The agency was challenged by Employment -Working At Self-Sufficiency.

Participant and family satisfaction remained high at CSA this year. Both participants and families praised case managers for being personable, supportive, and caring. Some credited case managers with huge positive changes in participants' lives. When families had criticisms of the program, they most often wanted more information on services, and, in interviews, said they wanted all their options laid out for them. This is true across case management agencies this year, and agencies will have to work on making sure families feel supported but understand that services are unique to participants' needs. The nature of the case management program is to support individuals where they are with what they need, not to offer a menu from which all participants can choose every available service. CSA does give participants a list of all service providers and services at the annual meeting, but participants may or may not share this information with concerned others.

After several years without, CSA re-implemented internal satisfaction surveys this year. This process allows the agency to address issues as they arise and conveys to participants and families that their satisfaction is an agency priority. The agency also conducts internal file reviews and provides individual training with case managers if needed. The agency's Next Steps philosophy and their internal quality assurance and satisfaction measures ensure that education, employment, and community involvement are addressed, goal meetings take place in a timely fashion and services are documented. Thus, CSA's case management agency achieved 100% participant empowerment for the second year in succession.

CSA's case management program was successful in supporting participants to maintain housing. The agency reported low homelessness rates and performed well on the new Community Housing measure, with 78% of participants meeting all criteria. The agency reports that they worked with Polk County throughout the year to clarify the definition. Many participants who did not meet the criteria spent slightly more than 40% on housing, sometimes because they are pursuing ownership of their home. The agency is pleased that most participants who do not meet the criteria are close, thus meeting the spirit of the outcome. The agency is working on ways to improve tracking of the handful of individuals who move frequently.

CSA was also very successful in Case Management Involvement in Education, with 97% attendance at participant IEPs or school meetings. Involvement in schools is a priority for CSA. At some schools, the case managers have been successful in building relationships with teachers so that they remember to notify and include the case managers in the school meetings. In other situations, case managers must rely on parents to notify them of the IEP meeting. The case

managers talk to parents in the beginning of the school year to explain the importance of their involvement in the child's education. Because they use a team approach, if the primary case manager cannot attend, the person filling in is familiar with the family and the case.

After many years of performing at 99%, CSA reported that all participants received somatic care this year. The agency also performed well on the Community Inclusion outcome, maintaining 90% of participants involved in community activities or events. The agency reports that it continues to encourage providers to assist participants to get involved in their communities, based on their individual interests. The agency reports that discussions with provider agencies have improved results and they will continue to encourage both waiver providers and ICFs/MR on this important aspect of participants' lives.

CSA's philosophy views community inclusion as a component of improved quality of life, and this is the second year CSA participants reported high quality of life. Case managers discuss quality of life areas with participants throughout the year, addressing potential problems but also reinforcing their successes. Intensive Psychiatric Rehabilitation and other opportunities like the Empowerment Conference help individuals to understand themselves better and think about ways to improve their lives. CSA has incorporated the quality of life interview questions into their internal survey in order to address any issues throughout the year.

CSA participants reported slight decreases in both employment outcomes. Six percent of participants were working more than 20 hours per week and earning at least minimum wage, and an additional 17% were working at least 5 hours per week. The program reports that the decrease in employment is due, in part, to participants who have been working part-time but who had their hours cut during the last year. These participants must decide whether to stay with their stable, long-term job, but with fewer hours, or try to find a different job that might offer more hours. Participants who are able to get by with the reduced income are not particularly motivated to find a second part-time job, especially given the current economic conditions.

The agency reports that it discusses employment and education, or where appropriate, community inclusion, with all participants through its Next Step program. Case managers continue to be successful with supporting participants to pursue adult education opportunities. This year, more than one of every four participants was attending DMACC, taking classes at Optimae or Goodwill, or pursuing other educational opportunities. The agency reports that Projects With Industry (PWI) program will be closing in the coming year, a program which their participants often attended. However, CSA is encouraged by a new program being offered, Project SEARCH. Project SEARCH is a year long, international career training program for transition-aged persons with intellectual or development disabilities. CSA anticipates that this intensive immersion experience will contribute to not only jobs for participants, but good careers as well.

Thus, the CSA case management program had another strong and successful year. By being both proactive and responsive, they meet changing participant needs and support them to live their best lives in their own communities.

Easter Seals

Easter Seals' Case Management demonstrated improvement from an overall 74% performance last year to an overall 83% this year. The program met or exceeded expectations in 15 of 18 outcome areas. The program exceeded expectations in Community Housing, Homelessness, Case Management Involvement in Child Education, Transition Activities, Participant Satisfaction, Concerned Other Satisfaction, Psychiatric Hospital Days, Emergency Room Visits, Quality of Life and Administrative outcome areas. The program met expectations for Jail Days, Employment – Total Working Toward Self-Sufficiency, Somatic Care, Community Inclusion and Negative Disenrollments. The program continued to be challenged by Employment – Working Toward Self-Sufficiency, Adult Education, and Participant Empowerment.

This year, the Easter Seals program excelled at having participants in safe, affordable, accessible and acceptable community housing. Community Housing is a primary priority for the program, also demonstrated by the reported nonexistence of homeless days.

Participant and Concerned Other satisfaction were high this year, consistent with Easter Seals' internal satisfaction surveys. Participants also continued to report high Quality of Life. Participants and family members appreciate the work that case managers do on their behalf, setting up supports and services so that they can live as independently as possible. Participants value the relationships that they establish with their case managers. In contrast to previous years, staff turnover was low. Stable staff allow the program to build relationships with participants and family members so that these individuals are comfortable communicating their needs and concerns to the agency.

The Easter Seals program reported improvements in the Somatic Care outcome, with 95% of participants receiving physicals or medical care. The agency reports that some individuals will only see medical professionals if they are ill. Others avoid medical appointments out of fear. For the third year, the agency hosted an annual Health Fair. The fair is open to the community. Residents from Mercy Hospital attend to provide physical health screenings for participants. In addition, chiropractic agencies, dentists, mental health providers, dieticians, pharmacists, rehabilitation services, and communication device providers are present to provide information and services. Easter Seals also opens up its Assistive Technology unit so that participants can learn about assistive technology for their needs. The program hopes to continue offering these types of events as a service to program participants and community members. In addition, the program will continue to talk with participants and providers about the importance of regular check-ups, establishing a relationship with medical care providers, and making sure that participants receive health screenings when appropriate.

This year, the Easter Seals program reported improvements in community inclusion. Better staff retention meant that the agency could work on more advanced trainings, especially on what questions to ask in order to find out about community activities and events that the participant may have attended. In contrast to previous years, community inclusion was well documented, also contributing to the agency's improved results.

The program was also successful in child education outcome areas, including Case Management Involvement in Child Education and Transition Activities outcomes. The agency reports that case managers have worked hard to establish good relationships with families, guardians and school personnel. In addition, the program instituted better tracking of transition activities, which may account for its improved performance in that area this year.

The Easter Seals program continues to be challenged by the employment and adult education outcome areas. The program was able to improve on the Employment – Total Working Toward Self-Sufficiency outcome area, with 21% of participants working at least 5 hours per week. The agency reports that this is the result to continued gentle hassling and following participants' interests up quickly with referrals for supported employment, benefits counseling, or skills training. In education, the agency reports that it continues to struggle to find classes or workshops in which their participants with limited academic skills will be successful. Although more programs are accepting their participants initially, they may be notified after a few classes that they are not qualified and are discharged from the course. The program will continue with its gentle hassling approach, raising the issue of employment and education with participants frequently and encouraging them to pursue work and learning opportunities.

The program also struggles with Participant Empowerment expectations. Team leaders now review case notes for not only billable hours, but goal meetings, events and outcomes as well. The program also established a position devoted to tracking outcomes, events and quality assurance. The position was filled by the program's previous assistant director. This staff member and the team leader have created an Events Training 101 and an Advanced Events and Outcomes Training for staff. Both of these trainings are conducted in small groups and are made interactive to promote hands-on learning. With added training and improved tracking, the program hopes to improve its documentation and, thereby, its performance on Participant Empowerment.

Overall, the Easter Seals Case Management program demonstrated considerable improvement over the evaluation year. In part, the program attributes the improvement to staff retention, trainings, and recognition of case managers' accomplishments. For FY12, the program is looking at creating some specialized case loads based on participant geographical location and on population, such as transitional youth, children younger than transitional youth, participants with chronic mental illness and legal issues, and participants needing brain injury services. By creating specialized case loads, case managers may be more familiar with services in a particular area or for a specific population. Thus, the program appears well positioned to continue its improvements and provide excellent services for their participants.

Golden Circle

Golden Circle was somewhat challenged by the evaluation this year, resulting in a rating in the Needs Improvement range. The agency met or exceeded expectations in 12 out of 16 outcome areas. The agency exceeded expectations in the areas of Homelessness, Concerned Other Satisfaction, Somatic Care, ER Visits, and Administrative Outcomes. The agency met expectations in Community Housing, Criminal Justice, Employment-Total Working Toward Self-Sufficiency, Participant Satisfaction, Negative Disenrollments, Psychiatric Hospitalizations, and Quality of Life. In contrast, the agency struggled in the areas of Employment-Working At Self-Sufficiency, Adult Education, Participant Empowerment, and Community Inclusion.

The agency reports that this was a transitional year for the Golden Circle case management program. Nine of the twelve case managers joined the program during the last two years. In addition to the huge turnover, several maternity leaves and an expansion position created more redistribution of caseloads. The agency's primary focus was on getting new case managers up to speed on services. Recently, the program focused training on definitions and outcomes. During the transition period, the agency discontinued their all-staff meetings. These have recently been resumed. These meetings will provide opportunities for staff training on outcomes and definitions, as well as providing opportunities for agency staff to work together on challenging issues such as education and employment.

To assist new staff, the Director created a summary sheet of outcomes and definitions and instituted new systems to improve tracking and documentation. She credits another agency with a method for ensuring employment or education is addressed at least quarterly for appropriate individuals: using employment week emails as a reminder for staff to follow-up with clients about these areas at their next visit.

Golden Circle reported fewer homeless days and jail days for participants this year. Last year, the program had many participants who did not have stable housing. Case managers worked diligently to help individuals acquire better housing situations, thus reducing homelessness. The agency reports that last year's higher jail days were the result of a few individuals with very long stays. Although a couple of these individuals were negatively discharged to prison, the majority completed their sentences and are now actively participating in the program.

Participant satisfaction has always been a strength of the Golden Circle program. Although it evidenced a slight decline this year, participants largely remained satisfied and praised their case managers for being supportive and caring. Several respondents said the goal component adds meaning to their lives. When participants were dissatisfied, they wanted faster response times from staff. The agency's policy is to return calls the same business day if possible, but new coordinators took longer researching participants' questions before returning calls. This should improve as the agency returns to stressing fast response times. Overall, the agency should be pleased with maintaining such high satisfaction with their large turnover.

Concerned Other satisfaction improved slightly this year, putting the agency in the Exceeds Expectations range. Family members had great respect for case managers and the difficult work they do. Some noted the turnover was hard on participants. As in other agencies, some families

wanted all available services laid out for them. The agency considers this an education piece. Upon contacting the agency, participants' first question is often, "What can I get?" The agency reframes this as "What do you need?"

Somatic care continues to be a strength of the program. For the sixth year in a row, all Golden Circle case management participants received somatic care. This accomplishment was made possible by the agency's innovative partnership with Grand View University's School of Nursing. While nursing students see a few participants just to complete a yearly physical, most participants choose to be seen weekly in their homes. This provides not only ongoing, consistent care and education for their medical issues, but a host of other benefits. Grandview students provide good feedback to the program about any issues which require case manager follow-up. The agency reports that the student nurses have been very responsive and engaged, but change every semester. This creates an opportunity for clients to both work on their social skills and also help train the next generation of nurses.

Before adjusting for file accuracy, Golden Circle had a reported 83% of their participants meeting the Community Housing outcome area. The agency reports that their documentation issues arose when participants moved and new checklists were not completed. This year, all agency staff have been trained on this issue. Of the four community housing criteria, the agency reports that participants were least likely to meet the acceptability criteria.

Employment and education continue to be challenging areas for the Golden Circle program. The agency reports that staff find it challenging to motivate participants to seek employment. Some of these individuals were previously served in Service Coordination as General Assistance only, for which employment and education goals are not pursued. They transferred to case management when they became eligible for disability benefits. After the long and arduous benefits process – during which they could not work or attend school - few of these individuals want to risk their status by pursuing any kind of job. They are likewise not interested in education that could lead to employment. The case managers' challenge for next year will be to identify one individual on each case load and encourage them to pursue either employment or education.

Community inclusion was a more challenging area for the program, exacerbated by the increased targets this year. The program has seen a decline in this area over the last several years for which they do not have an explanation. With many new case managers, it is possible that the program has not been consistently capturing participants' activities. Therefore, the agency is working on training case managers to ask better questions in the coming year which may lead to additional information from participants.

Overall, this was a transitional year for Golden Circle's case management program. The program experienced a lot of staff changes, resulting in some documentation difficulties. They expect to improve next year, with additional staff training and monitoring.

Link

Overall, the Link program met expectations this year. Link met or exceeded expectations in 13 out of 18 outcome areas. The agency exceeded expectations in the areas of Homelessness, Involvement in Criminal Justice, Transition Activities, Participant Satisfaction, Participant Empowerment, Concerned Other Satisfaction, Negative Disenrollment, Psychiatric Hospital Bed Days, and Administrative Areas. The agency met expectations in the areas of Employment-Total Working Toward Self-Sufficiency, Case Management Involvement in Child Education, Emergency Room Visits, and Quality of Life. The agency was challenged in the areas of Employment-Working at Self-Sufficiency, Community Inclusion, Adult Education, and Somatic Care.

Participant and Concerned Other satisfaction remain strengths of the Link Case Management program. Some participants wanted services to happen faster or to have more contact and time with their case managers, but they were otherwise very satisfied with the program and its staff. Families appreciate the great respect case managers have for participants as individuals. In Quality of Life interviews, participants mentioned improvements in many areas of their lives, although several noted that their housing hasn't improved, consistent with Link's lower percentage of individuals in Community Housing. However, the agency maintains low rates of homelessness. Thus individuals have housing available, although those housing situations may not be ideal.

Link struggled with the new Community Housing outcome, largely because it did not classify individuals who receive housing assistance as having affordable housing. Even when these individuals are correctly counted, affordability remains the greatest obstacle for Link participants. Many participants live at home with their families. Case managers found families were often reluctant to divulge what the individual contributes for rent, or to break out the rent portion of what they contribute to the household, which may also cover food, transportation, and amenities like cable. Almost all other participants met the safety, accessibility and acceptability criteria. Section 8 and waiver rent subsidy waitlists have recently opened up, and case managers are signing up qualified participants. Thus, the agency reports that additional training should improve staff's understanding of the definition and with the availability of Section 8 and waiver subsidies the program's housing outcome performance will improve in the coming year.

Employment at self-sufficiency and education continue to be challenging areas for the Link program. Under the revised definition, almost one of three participants was working at least 5 hours per week at minimum wage. However, few participants were working 20 or more hours at minimum wage. The agency reports that they struggle to motivate participants who are in their late fifties or older and receive level 4 support to become employed. Many of these participants have exhausted pre-vocational funding and the program assists them with pursuing community involvement goals. These participants often consider themselves retired, and some even live in retirement homes. The agency reports that one retirement home will not allow occupants to partake in any day program. Link refers only people not capable of working to this retirement home, but they are still captured as employable individuals for this evaluation. As a further

barrier, the agency reports that many of these older individuals have physical limitations that were caused by or have worsened as they age.

This year, the agency reports that supported employment agencies have informed them that physical limitations are a barrier for several job seekers and that employers are seeking individuals who can perform a wide range of job. Thus, Link suggests that their participants with reading difficulties and other education barriers, as well as physical limitations, are particularly challenged to find employment. The Link Case Management program has taken a proactive role, stressing to supported employment providers the value of working 20 or more hours per week and encouraging providers and participants to seek more hours at current jobs or to add a second job. The agency also initiates cost-benefit discussions with providers when they propose a two hour job but need transportation funding. Although the agency understands that all work experience is valuable, they focus on placements making sense for the individual. The agency reports that supported employment providers have responded well to this challenge and have hired more staff to better support individuals. The agency has encouraged case managers to participate in benefits planning training in the last year. They encourage younger participants to pursue employment rather than enrolling in work centers. For participants who are not progressing with employment, the agency initiates a team meeting to address barriers and provide benefits planning information. The agency reports that this approach has inspired both individuals and their supported employment providers to work harder and more efficiently on these goals.

The agency anticipates that employment will continue to be a challenging area in the coming year. Although many program participants were involved with Projects with Industry (PWI), the program is ending. Link plans to work with Polk County Health Services and education providers to develop and support hands-on technical courses to address the unmet needs of their participants.

Link continues to provide important educational support for its child participants. For the second year in succession, all Link transition-aged participants completed at least three transition activities. The agency reports that positions for many transition coordinators have been cut from schools due to budget constraints, but Link has a staff member on the Transition Age Committee and is working with teachers to get referrals sooner. The agency also works closely with ChildServe to serve transition-age children on its waitlist. This year, Case Management Involvement in Child Education declined from 100% to 91% due to a variety of challenges. The agency reports that the main challenge was a handful of new, high school students who did not inform case managers of conference times. More and more high school children are accessing the system, and Link is trying to get the school system to refer them earlier so that they can begin work programs and other skill building activities.

Despite an increase in the percentage of participants involved in community activities, the program was impacted by the increased targets for this outcome. Some participants and case managers found it helpful to make this a formal goal to ensure it would be addressed by the provider. The program worries that providers may be less willing to take participants to community events in the coming year because both their mileage and their activity fee will no longer be reimbursed. This year, the agency will stress more frequent discussions with providers

and participants to make sure that they are gathering relevant information to assess community involvement.

Somatic care was another challenging area for Link this year, in part due to documentation issues. Case managers have requested more administrative oversight from supervisors and will be updated quarterly about who on their caseload has not met this outcome. By addressing it throughout the year instead of waiting until the last quarter, they will be able to address not only the outcome but any documentation issues. The agency reports that some people who were seen in June 2010 could not make an appointment until July 2011 because of billing regulations.

Although the Link program faced some struggles this year, the program has already addressed or has plans to address challenging areas. Thus, staff are working hard at forming proactive practices to improve not only their outcomes next year, but also their already excellent service to individuals. Link's Case Management Director required every staff member to submit suggestions in areas where the program struggled. This thoughtful approach has led to a number of new initiatives that should improve the program and inspire the system in the coming year.

APPENDIX A: FILE REVIEW FORM

CM and SC

File Review and Data Coding Form

Last case notes reviewed:

Reviewer	Date of Review
LeeAnn McCoy (2) Helen Schartz (3) (6) Other (Name _____)	Month/ Day / Year / /

Agency	Date of Enrollment	Program Type	
Broadlawns (1) ChildServe (2) Community Support Advocates (3) Easter Seals (4) Golden Circle (5) Link (6)	Month/ Day / Year / /	ISA CM SC KEY	 Child Adult

Name	DOB	Disability
	Month/ Day / Year / /	

Case Manager	Level of Functioning	
	File Correct	(yes) (no)
	ICAP Completion Date / /	Locus Date / /

I. Housing:

Housing Criteria First	PolkMIS	File
Safe:	Yes No N/A	Yes No N/A
Affordable:	Yes No N/A	Yes No N/A
Accessible:	Yes No N/A	Yes No N/A
Acceptable:	Yes No N/A	Yes No N/A
Housing Criteria Move 1		
Safe:	Yes No N/A	Yes No N/A
Affordable:	Yes No N/A	Yes No N/A
Accessible:	Yes No N/A	Yes No N/A
Acceptable:	Yes No N/A	Yes No N/A
Housing Criteria Move 2		
Safe:	Yes No N/A	Yes No N/A
Affordable:	Yes No N/A	Yes No N/A
Accessible:	Yes No N/A	Yes No N/A
Acceptable:	Yes No N/A	Yes No N/A
Other Housing? (See back)		
ALL HOUSING AGREE AND DOCUMENTED	Yes	No

Education:

11. Was the individual involved in an educational activity?	PolkMIS	File	
	Yes (1) No (2)	Yes (1) No (2)	NA (7)
14. Case Manager Involved in Educational Setting (for children):			
	Yes (1) No (2)	Yes (1) No (2)	NA (7)
15. Transition Activities (CM only for adolescents):			
	Yes (1) No (2)	Yes (1) No (2)	NA (7)

Consumer Empowerment (maximum 4 points):

Consumer Empowerment	a. In File		b. Description
16. documentation supporting consumer involvement in goal development	Yes (1)	No (2)	Annual Mtg Date:
17a. individualized and measurable goals are in place and reviewed regularly	Yes (1)	No (2)	Goals:
17b. employment/education addressed (for anyone more than 14 years old) or community inclusion (for individuals not in work force.)	Yes	No	
18. documentation in the file reflecting services delivered	Yes (1)	No (2)	
19. Totals			

20. Comments:

21. Somatic Care:

Documentation Supporting Access to Somatic Care			
PolkMIS		File	
Yes	No	Yes	No

22. Comments:

23. Community Inclusion:

Documentation Supporting Utilization of Community Participation Activities			
PolkMIS		File	
Yes	No	Yes	No

24. List Community Participation Activities:

25a. List Other Activities (Social Relationships and Connections):

26. Comments:

Outcomes	a. In PolkMIS		b. In File	
27. Homelessness	Yes	No	Yes	No
c. Comments	(1)	(2)	(1)	(2)
28. Jail	Yes	No	Yes	No
c. Comments	(1)	(2)	(1)	(2)
29. Negative Disenrollment	Yes	No	Yes	No
c. Comments	(1)	(2)	(1)	(2)
30. Emergency Room Visits	Yes	No	Yes	No
c. Comments	(1)	(2)	(1)	(2)
31. Psychiatric Hospitalizations	Yes	No	Yes	No
c. Comments	(1)	(2)	(1)	(2)

33. Additional Comments on Back : Yes **(1)** No **(2)**

II. Employment (Requires 5 or more hrs/wk & at least minimum wage):

Employment Status:										
a. 7/11/10	In PolkMIS		Documented		Hours	Wages	Source	Agree		
If employed, then...	Yes (1)	No (2)	Yes (1)	No (2)			1 Consumer 2. Job Coach 3. Employer 4. Pay stub	Yes (1)	No (2)	N/A (4)
b. Job changes:										
Employment Status:										
c. 11/14/10	In PolkMIS		Documented		Hours	Wages	Source	Agree		
If employed, then...	Yes (1)	No (2)	Yes (1)	No (2)			1 Consumer 2. Job Coach 3. Employer 4. Pay stub	Yes (1)	No (2)	N/A (4)
d. Job Changes										
Employment Status:										
e. 2/13/2011	In PolkMIS		Documented		Hours	Wages	Source	Agree		
	Yes (1)	No (2)	Yes (1)	No (2)			1 Consumer 2. Job Coach 3. Employer 4. Pay stub	Yes (1)	No (2)	N/A (4)
f. Job Changes										
Employment Status										
g. 5/8/2011	In PolkMIS		Documented		Hours	Wages	Source	Agree		
	Yes (1)	No (2)	Yes (1)	No (2)			1 Consumer 2. Job Coach 3. Employer 4. Pay stub	Yes (1)	No (2)	N/A (4)

36. Employment Barriers

Barrier	Definition	In PolkMIS		In File	
		Yes	No	Yes	No
a. AGE	under 22 or 50 and over	(1)	(2)	(1)	(2)
b. CHILD CARE	requires access to child care in order to participate in training or employment program and this child care cannot be provided by the immediate family	(1)	(2)	(1)	(2)
c. CRIMINAL BACKGROUND	convicted of three or more misdemeanors, a serious misdemeanor or any felony.	(1)	(2)	(1)	(2)
d. EDUCATION	did not graduate from regular high school or has a special education certificate	(1)	(2)	(1)	(2)
e. FINANCIAL DISINCENTIVE	recipient of public financial assistance (AFDC, GA, Unemployment Comp) or disability benefits (SSI, SSDI, Worker's Comp, or private insurance)	(1)	(2)	(1)	(2)
f. HOMELESSNESS	homeless or risk of homeless is defined as living on street, in shelter or living with someone else, but not paying rent {This does not include individuals living with family members} or considered a temporary situation. Lack of stable housing is person who has moved more than twice in a year's period.	(1)	(2)	(1)	(2)
g. LIMITED WORK HISTORY	has never held a (one) competitive job for at least six months or has a two or more year gap in work history (does not include facility-based, enclave, or non-paid employment).	(1)	(2)	(1)	(2)
h. PAID LIVING ASSISTANCE	receives Supported Community Living (SCL) or other residential services; support services such as homemaker, meals on wheels (MoW), or CDAC for any combination of services for at least 40 hours per month. Use current hours (for MoW, each unit will equal 1 hour) authorized to determine. If the individual lives with their guardian and would require SCL if the guardian was not present, determine the number of hours of support & count toward paid living assistance hours.	(1)	(2)	(1)	(2)
i. SUBSTANCE ABUSE	active use within last year.	(1)	(2)	(1)	(2)
j. TRANSPORTATION	not travel independently and/or reliant on public transportation.	(1)	(2)	(1)	(2)
k. WORK LIMITED	individuals with a chronic physical condition who are (a) unable to work at least 30 hours a week, or (b) regularly require personal care assistance on the job, or (c) require adaptations to the job (such as special equipment not including aids used outside of work)	(1)	(2)	(1)	(2)

Comments:

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

Participants are asked whether they agree or disagree with the following eight questions. The agency receives a point for every question that the participant agrees with (i.e., is satisfied.) Participants are also asked additional questions about quality of life indicators and ideas for improving their CM program.

B2 My (staff) helps me get the services I need.

B3 I know who to call in an emergency.

B6 My staff talks with me about the goals I want to work on.

B7 My staff supports my efforts to become more independent.

B9 When I need something, my staff are responsive to my needs.

B10 The staff treat me with respect.

B11 If a friend were in need of similar help, I would recommend my program to him/her.

B12 I am satisfied with my Case Management services.

To assess improvement in quality of life, participants are asked the following seven questions. Agencies receive one point for each statement that the participants agrees with (i.e., is satisfied.)

B5A1 I deal more effectively with daily problems, since I entered the program.

B5A2 I am better able to control my life, since I entered the program.

B5A3 I am better able to deal with crisis, since I entered the program.

B5A4 I am getting along better with my family, since I entered the program.

B5A5 I do better in social situations, since I entered the program.

B5A6 I do better in school and/or work, since I entered the program.

B5A7 My housing situation has improved, since I entered the program.

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

Family members are asked whether they agree or disagree with the following ten questions. The agency receives a point for every question that the participant agrees with (i.e., is satisfied.) Family members are also asked for their ideas for improving their family member's CM program.

B2 I am confident that our CM staff provides me with resources about programs and services that are beneficial to my family member and family.

B3 Our CM staff helped us in obtaining access to the services that our family member needs.

B5 CM staff are available to assist me when issues or concerns with services arise.

B7 My family members input into the service plan was well-received and his or her ideas were included in the plan.

B8 The staff where my family member receives services treats him or her with dignity and respect.

B9 I am satisfied with my family member's CM worker.

B11 If I knew someone in need of similar help, I would recommend the program that works with my family member.

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Attended community events, including Festival of Trees, Balloon Festival, Trans Siberian Orchestra concert, Yankee Doodle Pops concert, annual train convention in Pennsylvania, 4th of July fireworks, Ankeny SummerFest, Star Wars concert, farmers' market, Iowa State Fair, Waukee Festival, Nutcracker performance, rodeo, music concerts, Good Guys car show, Mary Poppins performance, Willie Nelson concert, Beaverdale Festival, Festival of Lights, Jolly Holly lights, Franklin City Fair, Cinderella, or Disney on Ice

Attends Bible Study

Attends Church

Attends sports events, such as the Iowa Cubs games, high school football games, high school volleyball games, high school basketball games, community softball games, Drake basketball games, or Iowa vs. Iowa State football game

Bowling

Go Kart racing

Manages boys' basketball team

Plays frisbee golf

Sings in church choir

Support group meetings, such as Alcoholics Anonymous, transplant support group, brain injury support group, or Narcotics Anonymous

Swims, plays basketball, or works out at YMCA

Takes Tae Kwan Do classes

Takes classes at the Des Moines Art Center

Visits local attractions, including Worlds of Fun, Iowa Science Center, Blank Park Zoo, Adventureland, Berry Patch farm, Living History Farms, Omaha Zoo, State Historical Center, Botanical Center, or Neal Smith Wildlife Refuge

Volunteers at Animal Rescue League, Methodist hospital, On With Life, Veterans Administration; or Aids Project

APPENDIX E: FILE REVIEW RESULTS

Outcome Area	Specific Outcome	BMC		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	30	32	94%
Education	File and PolkMIS Agree	32	32	100%
CM Involvement in Child Education	File and PolkMIS Agree			NA
Transition Activities	File and PolkMIS Agree			NA
Goals	All Goal Components Present	31	32	97%
Somatic Care	File and PolkMIS Agree	32	32	100%
Community Participation	File and PolkMIS Agree	31	32	97%
Homelessness	File & PolkMIS Agree	32	32	100%
Jail	File and PolkMIS Agree	32	32	100%
Negative Disenrollment	File & PolkMIS Agree	32	32	100%
ER Visits	File and PolkMIS Agree	32	32	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	29	32	91%
Employment	File and PolkMIS Agree	25	27	93%

Outcome Area	Specific Outcome	ChildServe		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	31	32	97%
Education	File and PolkMIS Agree	7	7	100%
CM Involvement in Child Education	File and PolkMIS Agree	29	29	100%
Transition Activities	File and PolkMIS Agree	9	9	100%
Goals	All Goal Components Present	32	32	100%
Somatic Care	File and PolkMIS Agree	32	32	100%
Community Participation	File and PolkMIS Agree	32	32	100%
Homelessness	File & PolkMIS Agree	7	7	100%
Jail	File and PolkMIS Agree	7	7	100%
Negative Disenrollment	File & PolkMIS Agree	32	32	100%
ER Visits	File and PolkMIS Agree	7	7	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	7	7	100%
Employment	File and PolkMIS Agree	12	12	100%

Outcome Area	Specific Outcome	CSA		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	40	42	95%
Education	File and PolkMIS Agree	41	41	100%
CM Involvement in Child Education	File and PolkMIS Agree	2	2	100%
Transition Activities	File and PolkMIS Agree	3	3	100%
Goals	All Goal Components Present	42	42	100%
Somatic Care	File and PolkMIS Agree	42	42	100%
Community Participation	File and PolkMIS Agree	42	42	100%
Homelessness	File & PolkMIS Agree	41	41	100%
Jail	File and PolkMIS Agree	40	41	98%
Negative Disenrollment	File & PolkMIS Agree	42	42	100%
ER Visits	File and PolkMIS Agree	38	41	93%
Psychiatric Hospitalizations	File and PolkMIS Agree	39	41	95%
Employment	File and PolkMIS Agree	53	56	95%

Outcome Area	Specific Outcome	Easter Seals		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	42	44	95%
Education	File and PolkMIS Agree	41	41	100%
CM Involvement in Child Education	File and PolkMIS Agree	4	4	100%
Transition Activities	File and PolkMIS Agree	2	2	100%
Goals	All Goal Components Present	39	44	89%
Somatic Care	File and PolkMIS Agree	43	44	98%
Community Participation	File and PolkMIS Agree	42	44	95%
Homelessness	File & PolkMIS Agree	41	41	100%
Jail	File and PolkMIS Agree	41	41	100%
Negative Disenrollment	File & PolkMIS Agree	44	44	100%
ER Visits	File and PolkMIS Agree	40	41	98%
Psychiatric Hospitalizations	File and PolkMIS Agree	41	41	100%
Employment	File and PolkMIS Agree	62	68	91%

Outcome Area	Specific Outcome	Golden Circle		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	24	28	86%
Education	File and PolkMIS Agree	28	28	100%
CM Involvement in Child Education	File and PolkMIS Agree			
Transition Activities	File and PolkMIS Agree			
Goals	All Goal Components Present	18	28	64%
Somatic Care	File and PolkMIS Agree	28	28	100%
Community Participation	File and PolkMIS Agree	27	28	96%
Homelessness	File & PolkMIS Agree	28	28	100%
Jail	File and PolkMIS Agree	28	28	100%
Negative Disenrollment	File & PolkMIS Agree	28	28	100%
ER Visits	File and PolkMIS Agree	28	28	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	28	28	100%
Employment	File and PolkMIS Agree	32	37	86%

Outcome Area	Specific Outcome	Link		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	33	33	100%
Education	File and PolkMIS Agree	28	28	100%
CM Involvement in Child Education	File and PolkMIS Agree	7	7	100%
Transition Activities	File and PolkMIS Agree	4	4	100%
Goals	All Goal Components Present	33	33	100%
Somatic Care	File and PolkMIS Agree	30	33	91%
Community Participation	File and PolkMIS Agree	31	33	94%
Homelessness	File & PolkMIS Agree	28	28	100%
Jail	File and PolkMIS Agree	28	28	100%
Negative Disenrollment	File & PolkMIS Agree	33	33	100%
ER Visits	File and PolkMIS Agree	28	28	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	28	28	100%
Employment	File and PolkMIS Agree	40	42	95%